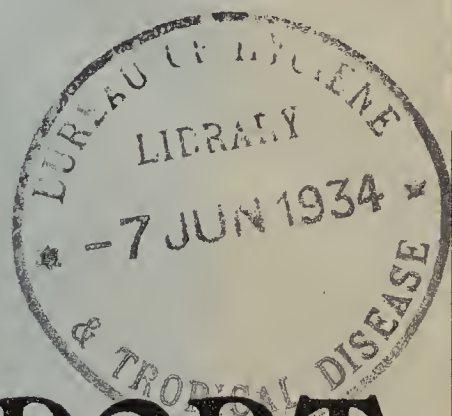


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PC 44362

City and County of the City of Exeter.



# ANNUAL REPORT

For 1933.

VITAL STATISTICS,  
SANITARY WORK, ETC.,

BY

**G. B. PAGE, M.D., D.P.H.,**

**Medical Officer of Health.**

---

EXETER:

BEARNE & EVANS, PRINTERS, 4, PARIS STREET,  
1934.



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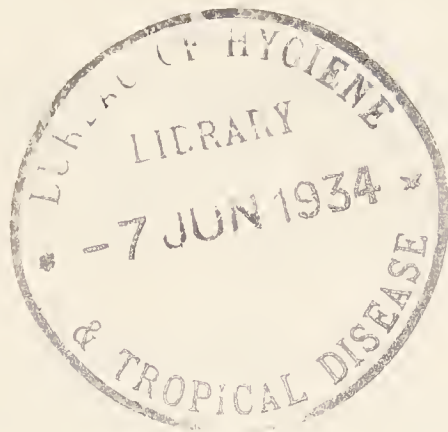
1934.



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I have the honour to present to the Right Worshipful the Mayor, Aldermen, and Councillors of the City of Exeter my Annual Report for the year 1933.

The bulk of the report refers to work for which Dr. P. H. STIRK was responsible up to the date of his retirement on 1st November.

G. B. PAGE.

# CITY AND COUNTY OF THE CITY OF EXETER.

---

## Public Health Committee.

### MAYOR—

KENNETH GATEY, ESQ.

### CHAIRMAN—

Councillor J. S. S. STEELE-PERKINS.

### DEPUTY CHAIRMAN—

Alderman R. M. CHALLICE.

Alderman J. R. NETHERCOTT

Councillor W. T. BAKER

Councillor W. W. BEER

Councillor S. CHILCOTT

Councillor F. COLLINSON

Councillor G. G. DAW

Councillor H. GATER.

Councillor F. J. HANCOCK

Councillor W. HEALE

Councillor G. C. HEYWOOD

Councillor J. PASSMORE

Councillor Mrs. E. W. REED

*Town Clerk*—C. J. NEWMAN, Esq.

---

## Maternity and Infant Welfare Committee.

### CHAIRMAN—

Councillor R. G. SAUNDERS.

### DEPUTY CHAIRMAN—

Councillor F. H. TARR.

Councillor W. H. APLIN

Coun. Mrs. F. G. BROWNE

Councillor G. G. DAW

Councillor H. GATER

Councillor F. J. HANCOCK

Councillor Miss E. SPLATT

Councillor C. J. S. HILL

Coun. J. S. S. STEELE-PERKINS

*Non-Members of the  
Council :*

Lady DAVY

Mrs. DEPREE

Mrs. MILLER

Mrs. PICKARD

Mrs. SMITH

## STAFF.

### Public Health Officers of the Authority.

#### (a) Medical.

*Medical Officer of Health, School Medical Officer, Chief Tuberculosis Officer, Medical Officer to the Mental Deficiency Committee, and Medical Superintendent of the Isolation Hospital and Honeylands Children's Sanatorium.*

P. H. STIRK, M.R.C.S., L.R.C.P., D.P.H. Eng. (to 1-11-33)

G. B. PAGE, M.D., D.P.H., (from 1-11-33)

*Deputy Medical Officer of Health and Clinical Tuberculosis Officer.*

G. B. PAGE, M.D., D.P.H., (to 1-11-33)

B. W. ANDERSON, M.A., M.D., D.P.H., (from 1-11-33)

*Assistant Medical Officer of Health and Assistant School Medical Officer.*

MISS J. SMITH, M.B., Ch.B., D.P.H.

*Medical Officer, City Hospital.*

JOSEPH A. W. PEREIRA GRAY, M.D., M.R.C.S.

*Venereal Disease Medical Officer.*

†P. D. WARBURTON, M.R.C.S., L.R.C.P., D.P.H.

*Dental Surgeon.*

†G. V. SMALLWOOD, L.D.S. Eng.

*District Medical Officers under the Public Assistance Committee*

†W. BROMILOW, M.B., C.M. No. 1 District.

†F. H. HUDSON, M.R.C.S., L.R.C.P. No. 2 District.

†J. R. BRADSHAW, M.A., M.B., B.Ch., B.A.O. (Temporary)  
No. 3 District.

†J. FAYLE SEALE, M.R.C.P., F.R.F.P.S., D.P.H.  
(Temporary). No. 4 District.

*Public Vaccinator.*

†DR. S. J. P. GRAY, M.A., M.B., F.R.C.S.

*(b) Others.*

*Chief Sanitary Inspector and Officer under the Food and  
Drugs Adulteration Act, etc.*

ARTHUR E. BONHAM,

Médaille d'Honneur en Vermeil, F.S.I.A., M.R.S.I.,

Cert. London Sanitary Inspectors' Exam. Board,

Cert. Royal Sanitary Institute,

Cert. Royal Sanitary Institute, Meat and Foods, etc.

*Inspectors.*

R. B. PEARSE,

A. E. TROUNSON,

C. H. WATTS,

T. COATES,

}  
}  
}

Cert. R. San. Inst.

Cert. R. San. Inst. Meat  
and Foods.

*Veterinary Surgeon.*

†W. ROACH, F.R.C.V.S.

*Public Analyst.*

†T. TICKLE, B.Sc.

*Vaccination Officer.*

E. S. HOWELLS.

*Health Visitors.*

MISS C. A. KNUCKEY,

C.M.B. and Cert. R. San. Inst. for Health Visitors.

MISS B. M. KNUCKEY,

C.M.B. and Cert. R. San. Inst. for Health Visitors.

MISS R. M. BRADY.

General Training, C.M.B., Cert. R. San. Inst. for Health Visitors,  
issued by Ministry of Health.



*Health Visitors—continued.*

MISS M. M. FOY,  
General Training, C.M.B., Cert. R. San. Inst. for Health Visitors,  
issued by Ministry of Health.

MISS D. HICKSON,  
General Training, C.M.B.

*Tuberculosis Dispensary Nurse.*

MISS L. KEEN.

*Matron of Isolation Hospital.*

MISS R. E. A. HUTTY, A.R.R.C.

*Matron of Tuberculosis Children's Sanatorium.*

MRS. A. SUTTERS.

*Clerks.*

E. S. HOWELLS (Chief Clerk).  
H. TUCKER (Tuberculosis Clerk).  
MISS G. ROOKE (Shorthand Typist).  
C. STUART.  
R. W. STILES.  
A. H. LOVELL.  
H. R. AMBROSE.

†Denotes part-time Officers.

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# ANNUAL REPORT, 1933.

## General Statistics.

1. Area (acres)	...	...	...	4,702
2. Population(as given by the Registrar-General)	...			67,300
3. Number of Inhabited Houses (1931)	...			15,686
4. Number of Inhabited Houses (end of 1933) according to Rate Books	...	...	...	16,645
5. Number of Families or Separate Occupiers (1931 Census)	...	...	...	17,025
6. Rateable Value	...	...	...	£586,697
7. Sum represented by a Penny Rate	...	...	...	£2,260

## Vital Statistics.

	Total	M.	F.	Birth Rate
Live Births—Legitimate	885	454	431	13·9
Illegitimate	55	36	19	

Still Births—36      Rate per 1,000 total births—38·2.

Deaths—885.      Death rate—10·7.

Number of Women dying in, or in consequence of, childbirth—  
Sepsis, 2.      From other causes, 1.

Maternal death rate, 3·07 per 1,000 live and still births.

Death-rate of Infants under one year of age per 1,000 live births—  
Legitimate, 44·06 ; illegitimate, 109·9 ; total, 47·8.

Deaths from Measles (all ages)	...	...	2
„ „ Whooping Cough (all ages)	...	...	4
„ „ Diarrhoea (under 2 years of age)	...	...	Nil



## BIRTH RATE.

The population for the Birth Rate is 67,300.

The total number of births registered in Exeter in the year 1933 was 1,050 divided as follows:—538 males and 572 females.

Of this number, 55 male and 46 female births were certified as illegitimate, being 9.6 per cent. of the total births. To the 1,050 births must be added 19 male and 15 female (6 of whom were illegitimate) and deducted 67 male and 77 female (52 of whom were illegitimate) transferable births, giving a net number of 940 (490 males and 450 females).

The Birth Rate is the number of births per 1,000 of the population. The Birth Rate for 1933 was, therefore, 13.9, being 0.4 below that of last year, 0.5 below that of England and Wales, and 0.5 below that of the 118 Great Towns in which Exeter is classed.

The following table gives the Birth Rate and percentage of illegitimate births to total births for the past 10 years:—

Year.	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933
England and Wales ...	18.8	18.3	17.8	16.7	16.7	16.3	16.3	15.8	15.3	14.4
Exeter ...	16.79	16.29	16.49	15.5	15.4	15.7	15.2	14.2	14.3	13.9
Percentage of Illegitimate Births to total births	9.1	7.9	8.6	8.4	5.8	6.6	5.6	5.03	4.6	5.8

## DEATH RATE.

The population for Death Rate is 67,300.

The total number of deaths registered as occurring during the year 1933 was 885, divided as follows:—424 males and 461 females.

The Death Rate is the number of deaths per 1,000 of the population. The crude Death Rate for 1933 was 13.1 and the corrected Death Rate 10.7.



## CORRECTED DEATH RATE.

In order that the Death Rate of various places may be fairly compared, it is essential to correct the Death Rate for age and sex distribution. To correct a Death Rate for age and sex distribution, the Registrar General has published tables giving factors by which the Death Rate has to be multiplied. The factor for Exeter is 0·817, and the corrected Death Rate is, therefore, 10·7. Below is a table giving the corrected Death Rate for the past 10 years :—

Year.	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933
England and Wales ...	12·2	12·2	11·6	12·3	11·7	11·4	11·4	12·3	12·0	12·3
Exeter ...	11·8	11·29	10·71	10·1	10·2	11·5	10·04	10·8	9·8	10·7

Following is an analysis of the deaths for the various ages together with the cause of death.

CAUSES OF DEATH.		Sex	All Ages.	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
ALL CAUSES	...	M	424	31	7	...	6	18	19	25	44	63	100	111
		F	461	14	6	3	9	15	12	20	34	51	119	178
1. Typhoid and Paratyphoid fevers	...	M	...	...	...	...	...	...	...	...	...	...	...	...
		F	...	...	...	...	...	...	...	...	...	...	...	...
2. Measles	...	M	1	...	...	...	1	...	...	...	...	...	...	...
		F	1	...	...	1	...	...	...	...	...	...	...	...
3. Scarlet Fever	...	M	...	...	...	...	...	...	...	...	...	...	...	...
		F	...	...	...	...	...	...	...	...	...	...	...	...
4. Whooping Cough	...	M	1	...	1	...	...	...	...	...	...	...	...	...
		F	3	1	2	...	...	...	...	...	...	...	...	...
5. Diphtheria	...	M	...	...	...	...	...	...	...	...	...	...	...	...
		F	...	...	...	...	...	...	...	...	...	...	...	...
6. Influenza	...	M	10	...	1	...	...	1	2	...	2	1	1	2
		F	15	...	...	...	...	...	2	...	...	3	2	8
7. Encephalitis		M	3	...	...	...	...	...	1	...	1	...	1	...
Lethargica	...	F	2	1	...	...	...	...	...	...	1	...	...	...
		M	1	...	...	...	...	1	...	...	...	...	...	...
8. Cerebro-spinal Fever		F	1	...	...	1	...	...	...	...	...	...	...	...
9. Tuberculosis of Respiratory System		M	28	...	...	...	...	4	4	6	9	4	1	...
		F	20	...	...	...	1	9	4	1	4	...	...	1
10. Other Tuberculous Diseases		M	4	2	1	...	...	1	...	...	...	...	...	...
		F	3	...	...	...	3	...	...	...	...	...	...	...
11. Syphilis	...	M	2	1	...	...	...	...	...	...	...	...	1	...
		F	...	...	...	...	...	...	...	...	...	...	...	...
12. General Paralysis of of the Insane, Tabes Dorsalis	...	M	10	...	...	...	...	...	2	3	3	...	1	1
		F	1	...	...	...	...	...	...	...	...	...	1	...
13. Cancer, Malignant Disease		M	47	...	...	...	...	1	...	3	3	14	18	8
		F	61	...	...	...	...	...	...	4	8	14	23	12
		M	3	...	...	...	...	...	...	1	...	...	...	2
14. Diabetes	...	F	10	...	...	...	...	...	...	...	1	2	3	4
15. Cerebral Hæmorrhage, etc.		M	27	...	...	...	...	...	...	...	2	2	10	13
		F	35	...	...	...	...	...	...	...	3	4	11	17
16. Heart Disease	...	M	58	...	...	...	...	...	1	2	5	10	21	19
		F	96	...	...	...	1	2	1	5	3	13	29	42
		M	1	...	...	...	...	...	...	...	...	...	...	1
17. Aneurysm	...	F	2	...	...	...	...	...	...	1	...	1	...	...

## Vital Statistics, Sanitary Work, etc.

CAUSES OF DEATH.		Sex	All Ages.	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
18. Other Circulatory diseases ...	M	F	21 31	... ...	... ...	... ...	... ...	... ...	... ...	... 1	1 ...	3 4	6 10	11 16
19. Bronchitis ...	M	F	29 41	2 2	... ...	... ...	... ...	... ...	... ...	... ...	... 1	1 ...	7 8	19 30
20. Pneumonia(all forms)	M	F	28 28	5 2	1 2	... ...	... 1	1 ...	3 ...	1 1	2 2	3 ...	5 8	7 12
21. Other Respiratory Diseases	M	F	10 5	... ...	... ...	... ...	... ...	1 ...	... ...	3 ...	2 2	1 ...	1 3	2 ...
22. Peptic Ulcer ...	M	F	7 2	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	2 ...	4 ...	... 2	... ...
23. Diarrhoea, etc. ...	M	F	1 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	... ...
24. Appendicitis ...	M	F	3 4	... ...	... ...	... ...	... ...	... 1	... 1	... 1	... 1	1 ...	1 1	1 ...
25. Cirrhosis of Liver ...	M	F	1 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	... ...	... ...
26. Other diseases of Liver, etc. ...	M	F	4 3	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... 1	4 2	... ...
27. Other digestive Diseases ...	M	F	4 7	... ...	... ...	... ...	... ...	... 1	... 1	... 2	... 2	1 1	... 3	2 ...
28. Acute and chronic Nephritis ...	M	F	14 10	... ...	... ...	... ...	... ...	... ...	... 1	... ...	3 ...	6 2	4 3	1 4
29. Puerperal Sepsis ...	F		2	..	...	...	...	2	...	...	...	...	...	...
30. Other Puerperal Causes ...	F		1	...	...	...	...	...	1	...	...	...	...	...
31. Congenital Debility Premature Birth, Malformations, etc.	M	F	17 9	17 8	... 1	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...
32. Senility ...	M	F	6 24	... ...	.. ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	6 24
33. Suicide ...	M	F	9 1	... ...	... ...	... ...	... ...	1 ...	1 ...	1 ...	1 ...	3 1	2 ...	... ...
34. Other Violence ...	M	F	30 10	1 ...	1 ...	... 1	4 1	5 ...	2 ...	2 ...	5 3	3 2	5 ...	2 3
35. Other Defined Diseases ...	M	F	42 33	3 ...	2 1	... ...	1 2	2 4	2 2	2 3	3 3	4 3	10 10	13 5
36. Causes ill-defined or unknown ...	M	F	2 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	... ...	1 ...



INFANTILE MORTALITY.

The Infantile Mortality Rate is the number of deaths under one year per 1,000 births. There were 45 deaths under one year, and this gives an Infantile Mortality Rate for the year 1933 of 47·8 (legitimate 44·06, illegitimate 109·09), as compared with 53·6 for the previous year.

The Infantile Mortality Rates for the year 1933 were as follows :—

England and Wales	...	...	...	64
118 Great Towns, including London (census populations exceeding 50,000)	...	...	...	67
132 Smaller Towns (census populations 20,000—50,000)	...	...	...	56
London	...	...	...	59
Exeter	...	...	...	47

The following table shows the Infantile Mortality Rate in Exeter for the past ten years, the rate for 1933 being the lowest so far recorded.

Year.	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933
England and Wales ...	75	75	70	69	65	74	60	66	65	64
Exeter ...	59·405	74·1	68·5	60·0	69·04	53·2	49·7	56·7	53·6	47·8



## DEATHS UNDER ONE YEAR.

Cause.	Under 1 month	1 to 3 months.	3 to 6 months.	6 to 9 months.	9 to 12 months.	Total.
Tuberculosis ...	...	...	1	...	1	2
Encephalitis Lethargica ...	...	...	1	...	...	1
Whooping Cough ...	...	...	...	...	1	1
Syphilis ...	...	1	...	...	...	1
Bronchitis ...	1	...	...	1	2	4
Pneumonia ...	1	4	...	2	...	7
Congenital Debility and Malformation, Pre- mature Birth ...	20	3	2	...	...	25
Accidental Death ...	1	...	...	...	...	1
Other Defined Diseases ...	...	...	2	1	...	3
Total ...	23	8	6	4	4	45

Excluding those who died during the first month, the deaths of whom were almost entirely due to prematurity, or accidents at birth, of the remaining 22 only 6 occurred amongst breast fed babies, and if evidence were needed this proves emphatically the greater value of breast feeding over artificial feeding, and it is noteworthy that of the total of 45 deaths only 8 occurred in infants who regularly attended the Infant Welfare Centres.

## MATERNAL MORTALITY.

Three deaths were recorded during the year giving a Maternal Mortality Rate for the City of 3·07 per thousand live and still births. Enquiries were made as directed by the Ministry of Health. In two cases the deaths appeared to be unavoidable; in the remaining case some lack of co-operation on the part of the patient and her relations with the Midwife they had booked, may have been a contributory cause.

## HOSPITALS.

Name.	Situation.	Purpose.	Beds available.	Proportion used by residents outside area.	Management.
Tuberculosis Sanatorium (Closed 31/10/33)	Pinhoe	Early Tuberculous cases	7 male and 7 female	—	Public Health Cte. Staff— Medical: M.O.H. Nursing: Matron 1 Nurse
Tuberculosis Wards, Isolation Hospital	Whipton	Advanced Tuberculous cases	19 male and 7 female	—	See Isolation Hospital
Honeylands Tuberculosis Children's Sanatorium	Whipton	Tuberculosis in Children	10 male and 10 female	—	Public Health Cte. Staff— Medical: M.O.H. Nursing: Matron 2 Nurses
Isolation Hospital	Whipton	Infectious Disease cases	24 for Scarlet fever 14 Diphtheria 10 for Enteric Fever, & used at present for 14 Tuberculous cases 20 interchangeable as reqrd. 8 observation cases	By agreement with 26 Local Authorities and other Bodies in the County of Devon, their cases are admitted to the Isolation Hospital, which is capable of expansion in times of necessity.	Public Health Committee. Staff— Medical: M.O.H. Nursing: Matron 1 Sister 2 Staff Nurses 2 Ast. Nurses 8 Probationers
Municipal Maternity Home, City Hospital	Heavitree Road	Maternity cases	6	—	Maternity and Child Welfare Committee Staff: See City Hospital,

## HOSPITALS—CONTINUED.

Name.	Situation.	Purpose.	Beds available.	Proportion used by residents outside area.	Management.
Royal Devon & Exeter Hospital	Southernhay	General	Total beds 225. Children's beds 37	City cases 1634 From outside areas 1785	Voluntary
West of England Eye Infirmary	Magdalen Street	Eye cases	55, including 20 for children	$\frac{4}{5}$ ths.	Voluntary
City Hospital	Heavitree Road	General—largely senility	100	—	Public Assistance Committee Staff— Medical : 1 (non-resident) Nursing : Matron 15 Nurses 8 Nurse Attns.
The Princess Elizabeth Devonian Orthopædic Hospital	Buckerell Bore	Orthopædic cases	66, including 54 for children	City cases 15% From outside areas 85%	Voluntary
Gladstone Rd. Nursing Home.	Gladstone Road	Medical cases only	20	—	Public Assistance Committee Staff— Medical : Own Doctor Nursing (see City pital)



## NUMBER OF BEDS AVAILABLE FOR :—

		Male.	Female.	Institution.
General Medical	...	50		Royal Devon & Exeter Hospital
General Surgical	...	113		do. do.
Children	...	10	10	Honeylands Children's Sanatorium
			40	Royal Devon & Exeter Hospital
			12	City Hospital
Maternity	...		3	Royal Devon & Exeter Hospital
			6	Municipal Maternity Home
Venereal Diseases	...		4	Royal Devon & Exeter Hospital jointly with Devon C.C.
			6	St. Mary's Home
Tuberculosis	...	7	7	Tuberculosis Sanatorium, Pinhoe*
		19	7	Tuberculosis Wards, Exeter Isolation Hospital
Chronic Sick	...	24		Ernsborough House—Home for Incurables
Mental	...	384		Exeter Mental Hospital
Mental Deficiency	...	12		City Hospital, also varying number of beds at Royal Western Counties Institution, Starcross
Orthopædic	...	—		As required at Orthopædic Hospital (deformities and surgical tuberculous children)
Ear, Nose and Throat		18		Royal Devon & Exeter Hospital
Puerperal Fever and Pyrexia	...	—		As required at Royal Devon & Exeter Hospital
Ophthalmia Neonatorum	...	—		Treated, by arrangement, at Eye Infirmary

\*Closed. Suitable cases sent to Royal National Sanatorium, Bournemouth.



INSTITUTIONAL PROVISION FOR UNMARRIED  
MOTHERS, ILLEGITIMATE INFANTS AND  
HOMELESS CHILDREN.

Name.	Address.	Accommodation.
St. Olave's Maternity Home ... ..	32 Bartholomew Street, East ...	17 Beds for unmarried mothers
St Mary's Home ...	25 Mary Arches Street	6 Beds for female V.D.
St. Elizabeth's Home (Home of Refuge)	Melbourne House Holloway Street	6 Beds for girls in temporary difficulties, or from Police Court
Dr. Barnardo's Home for Girls ...	Feltrim, Topsham Road ...	55 Beds
St. Lawrence's Home for Waifs and Strays... ..	Polsloe Road ...	30 Beds

AMBULANCE FACILITIES.

(a) For infectious cases:—

One Motor Ambulance provided by the Council.  
One Horse Ambulance for tuberculosis cases.

(b) For non-infectious and accidental cases:—

2 Motor Ambulances provided by St. John Ambulance Association. Council contributes £300 per annum.

## CLINICS AND TREATMENT CENTRES.

Name.	Address.	When Held.	Arrangements for Medical Supervision.	Whether provided by the Council or not
Central Infant Welfare Centre	Alice Vlieland Infant Welfare Centre	Weekly on Tuesdays at 2.30	Dr. J. Smith, Asst. M.O.H.	Yes
Western Infant Welfare Centre	Exe Island Mission Hall	Weekly on Fridays at 2.30	Dr. J. Smith Asst. M.O.H.	Yes
Eastern Infant Welfare Centre	Alice Vlieland Infant Welfare Centre	Fortnightly on Wednesdays at 2.30	Dr. P. H. Stirk M.O.H.*	Yes
Northern Infant Welfare Centre	Alice Vlieland Infant Welfare Centre	Fortnightly on Thursdays at 2.30	Do.	Yes
Impetigo School Clinic	5 West Southernhay	Daily at 4.30	S.M.O.	Yes
Ringworm School Clinic	Do.	Do.	Do.	Yes
Scabies School Clinic	Baths & Wash-houses, King St.	When required	Do.	Yes
Diseases of Ears and Eyes School Clinic	5 West Southernhay	Daily at 9.30 a.m.	Do.	Yes
Treatment Centre for Tonsils & Adenoids Operations	City Hospital	When required	Private Practitioner.	By agreement with the Public Assistance Committee
Treatment Centre for Errors of Refraction (including Squint) and other defects or disease of the eyes, not treated at Daily Clinic, 5 W. Southernhay	Eye Infirmary Magdalen St.	Mondays and Tuesdays at 10 a.m.	Eye Infirmary Staff	By agreement with the Eye Infirmary Committee
Tuberculosis Dispensary	1 West Southernhay	Daily from 9 to 5.30 (except Sats. 9 to 12.30)	Dr. G. B. Page, T.O.†	Yes
Venereal Disease Clinic	Royal Devon and Exeter Hospital	MEN. Mondays, 3 to 5 Fridays, 6 to 8 WOMEN. Fridays, 3 to 5	Dr. P. D. Warburton	Yes jointly with the Devon County Council
Cleansing Station	Baths & Wash-houses, King St.	When required	M.O.H.	Yes
Orthopædic Clinic	Bishop's Palace Cathedral Close	Twice a month	Orthopædic Surgeon	In conjunction with Devon County Council
Ante-Natal Clinic	Alice Vlieland Infant Welfare Centre	Fortnightly on Mondays at 2.30 p.m.	Dr. J. Smith, Asst. M.O.H.	Yes

\*Dr. G. B. Page since 1/11/33.

†Dr. B. W. Anderson since 1/11/33

## POOR LAW MEDICAL OUT-RELIEF.

I am indebted to the Public Assistance Officer for the following information:—

## 1. Amount of Out-door Relief:—

Chargeable to City Council	£8261	0	0
Chargeable to other areas	£577	0	0

## 2. Number of persons in receipt of out relief:—

161 men
273 women
289 children
<hr/> 723 <hr/>

## 3. Inmates of the City Hospital:—

Number of admissions during the year	707
Number in Hospital 1.4.33	233
Number in Hospital 31.3.34	232

## Children's Home:—

Number of admissions during the year	59
Number in Home 1.4.33	52
Number in Home 31.3.34	43

The above figures are in respect of the year ended 31st March, 1934.



## PROFESSIONAL NURSING IN THE HOME.

*(a)* GENERAL.

The Exeter and District Nursing Association provides Nurses who visit patients daily for nursing, dressings, etc., for which payment is required according to the means of the patient.

Trained Nurses from the Royal Devon and Exeter Hospital and private Institutions.

*(b)* FOR INFECTIOUS DISEASES.

The Royal Devon and Exeter Hospital provides Nurses for fever cases, as also do the private Institutions.

The Local Authority makes a grant of £150 per annum to the Exeter District Nursing Association to cover nursing services on behalf of the Public Health and Public Assistance Departments.

## MIDWIVES.

43 Midwives notified their intention of practising in the City, but it is rather misleading as many of them were connected with various Institutions who seem to change their staff very frequently, and therefore it must not be taken that there were 43 Midwives actually practising during the whole year; of these, 14 belonged either to the Exeter and District Nursing Association or St. Olave's Home; all were trained Midwives and certificated by the Central Midwives' Board, no Midwife practising by virtue of being in practice before the Act.

The conduct and work of the Midwives has on the whole been good.

No Midwives are employed or subsidised by the Local Authority.

## LABORATORY WORK.

In suspected cases of Diphtheria no charge is made. All V.D. work is done without charge. The examination of swabs from Diphtheria contacts is only undertaken free if it is done after consultation with the Medical Officer of



Health. Local Authorities are charged the actual cost of Laboratory work done for their patients whilst in the Exeter Isolation Hospital.

Up to the end of the year arrangements for pathological and bacteriological work were those described in previous reports. In future the whole of this work will be centralised at the Laboratory of the Royal Devon and Exeter Hospital with the exception of those examinations which are made at the Tuberculosis Dispensary.

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#### EXAMINATIONS AT V.D. DEPARTMENT.

For detection of Spirochetes	.....	.....	.....	12
For detection of Gonococci	.....	.....	.....	143
For Wassermann re-action	.....	.....	.....	246
Other examinations	.....	.....	.....	1

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#### BACTERIOLOGICAL EXAMINATIONS.

For Tuberculosis—				
Sputum—Positive	.....	.....	.....	141
Negative	.....	.....	.....	369
Urine—Negative	.....	.....	.....	1
Positive	.....	.....	.....	1
			Total	512
For Enteric Fever—				
Blood—Positive	.....	.....	.....	3
Negative	.....	.....	.....	5
			Total	8
Faeces—				
Positive	.....	.....	.....	1
Negative	.....	.....	.....	9
			Total	10

Urine—					
Negative	.....	....	.....	.....	4
					<hr/>
For Cerebro-spinal Fever—					
Negative	.....	.....	.....	.....	Nil
					<hr/>
For Diphtheria, for primary investigation—					
Positive	.....	.....	.....	.....	66
Negative	.....	.....	.....	.....	619
					<hr/>
				Total .....	685
					<hr/>
For Diphtheria, investigation before discharge from isolation of cases treated at home—					
Positive	.....	.....	.....	.....	6
Negative	.....	.....	.....	.....	27
					<hr/>
				Total .....	33
					<hr/>
For Diphtheria, investigation before discharge from Hospital—					
Positive	.....	.....	.....	.....	49
Negative	.....	.....	.....	.....	209
					<hr/>
				Total .....	258
					<hr/>

Diphtheria Anti-toxin and Anti-Meningococcic Serum are issued from the Public Health Department, free in necessitous cases, Doctors being charged in others.

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#### LOCAL ACTS, ORDERS, ETC.

##### Adopted—

Infectious Diseases (Prevention) Act, 1890.  
 P.H.A. (Amend.) Act, 1890.  
 Museum and Gymnasium Act, 1891.  
 Cleansing of Persons Act, 1897.  
 Public Library Acts.  
 Baths and Washhouses Acts.  
 P.H.A. (Amend.) Act, 1907 (all adopted 1909).  
 P.H.A. 1925, Part II. (except Sections 20 and 34),  
     and Parts III., IV., and V.  
 Exeter Corporation Act, 1928.

## BYE-LAWS AND REGULATIONS.

Houses let in Lodgings, 1924.

Public Abattoir, 1933.

Private Slaughterhouses, 1933..

Removal of Snow and Keeping of Animals, 1892.

Common Lodging Houses, 1902.

Prohibiting the Admission into the Cattle Market of  
Animals Unfit for Food, 1911.

Building Bye-laws, 1926.

Offensive Trades, 1926.

Nursing Homes, 1929.

## LOCAL GOVERNMENT ACT, 1929.

The question of appropriation of the Hospital in connection with the Public Assistance Institution has been deferred.

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**SANITARY CIRCUMSTANCES of the AREA.**

## WATER.

Although 1933 was a dry season—the rainfall being much below the average—the supply was amply maintained. One advertisement was issued by the City Surveyor asking the public to avoid waste, but at no time was the supply curtailed.

The volume of water in the River Exe was much below that of normal years, and because of this especial care was taken in the chlorination. A few complaints of taste in the water were received, but such should be obviated when the proposed new activated carbon plant is installed, as excess chlorine will be discharged while the purification should be maintained.

To meet the ever-increasing demand for water, three new batteries of eight pressure filters are to be installed, and when these are in use the existing sand filters will be discontinued as such, and remain as reservoirs; thereby about doubling the present storage capacity at the works.

None of the ordinary water-borne diseases were attributable to the water supply.

## DRAINAGE AND SEWERAGE.

As foreshadowed in the last Annual Report, the new outfall sewage scheme at the Sewage Works at Countess Weir was in operation at midsummer, and officially opened on September 30th.

The old Sewage Works at Belle Isle, Ducks Marsh, and in St. Thomas, have been abandoned, and now all the sewage gravitates to the new works. It is significant that complaints of offensive smells from the old works which recurred year by year in the Autumn, were absent.

The City Council is to be congratulated upon the progress they have made in taking this important step in the promotion of public health and general welfare of its citizens.

Several relief sewers have been laid in those areas of the City where flooding was probable in storm times, and steps are being taken to connect certain areas on the fringe of the City—which now drain to cesspools—to the new sewage system.

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## HOUSE REFUSE.

The scavenging of the City is under the City Surveyor.

All the refuse collecting is by controlled tipping, and this work is being done without nuisance, and generally in a very satisfactory manner.



## SANITARY INSPECTION of the AREA.

### STATEMENT OF CHIEF SANITARY INSPECTOR.

#### HOUSES AND PREMISES.

Number Inspected upon Complaint .....	571
Number of Defective Yards Paved .....	23
Number of Defective Eaves and Gutters Rectified .....	13
Number of Walls, Floors and Ceilings Repaired .....	26
Number of Roofs Repaired .....	23
Number of Rooms Cleansed and Limewashed .....	17
Number of Premises Visited re Application for Council Houses .....	887

#### BATHS, LAVATORIES AND SINKS.

Number of Glazed Sanitary Sinks Provided .....	22
Number of Waste Pipes Trapped .....	33

#### WORK IN PROGRESS.

Number of Visits made thereto .....	3346
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#### OVERCROWDING.

Number of Cases Abated .....	59
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#### DRAINS.

Number of Smoke Tests Made .....	68
Number of Water Tests Made .....	138
Number Laid or Re-laid or Repaired .....	89
Number Cleansed, Trapped and Ventilated .....	87
Number of Defective Bell and D Traps replaced by Stoneware Gullies .....	12
Number of Rainwater Pipes Disconnected .....	10
Number of Single Private Drains Reconstructed .....	1

#### COURTS AND PASSAGES.

Number of Visits made thereto .....	361
Number Repaved .....	4
Number Limewashed .....	2

## WATER CLOSETS.

Number of Additional W.C.'s Provided or			
Reconstructed	.....	.....	6
Number Repaired, Ventilated, etc.	.....	.....	37
Number of Soil Pipes Repaired, Ventilated or			
Reconstructed	.....	.....	19
Number of Flushing Apparatus Improved	.....		31
Number Limewashed	.....	.....	55

## DUST RECEPTACLES (PORTABLE).

Number of Visits	.....	.....	54
Number of New Dust Receptacles Provided	.....		29

## SLAUGHTER HOUSES.

Number of Visits to Public Abattoir	.....	.....	413
Number of Visits to Private Slaughterhouses	.....		381
Number on Contraventions Found and Remedied			2

## BAKEHOUSES.

Number Inspected	.....	.....	39
Number of Contraventions Found and Remedied			7

## OUTWORKERS.

Number of Premises	.....	.....	136
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## DAIRIES, COWSHEDS AND MILKSHOPS.

Number of Inspections Made	.....	.....	328
Number of Contraventions of Acts, Orders and			
Byelaws dealt with	.....	.....	22

## OFFENSIVE TRADES.

Number of Inspections Made	.....	.....	156
Number of Contraventions Found and Remedied			3

## FOOD.

Number of Preparation and Storage Premises			
Visited	.....	.....	585
Number of Defects Discovered and Remedied	.....		22

ANIMALS KEPT SO AS TO BE A NUISANCE.

Number of Cases Abated .....	2
------------------------------	---

ACCUMULATION OF OFFENSIVE REFUSE.

Number of Removals .....	30
--------------------------	----

Number of Dung-Pits Provided or Re-modelled	1
---	---

MEETINGS OF OWNERS.

Number of Interviews and Appointments Kept .....	216
--	-----

MENTAL DEFECTIVES.

Enquiries and Visits Made to Male Defectives .....	135
--	-----

RATS AND PESTS.

Enquiries and Visits .....	214
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MERCHANDISE MARKS ACTS.

Inspections are Made during Visits to Food Shops and Stores. ....	
--	--

# FACTORIES, WORKSHOPS AND WORKPLACES.

## 1.—Inspection of Factories, Workshops and Workplaces, including Inspection made by Sanitary Inspectors or Inspectors of Nuisances.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Occupiers Prosecuted. (4)
Factories ... (Including Factory Laundries)	85	4	1
Workshops ... (Including Workshop Laundries)	171	7	—
Workplaces ... (Other than Outworkers' premises)	8	—	—
Total ...	264	11	1

## 2.—Defects found in Factories, Workshops and Workplaces.

Particulars. (1)	Number of Defects.			Number of Prosecutions. (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector (4)	
Nuisances under the Public Health Acts—*				
Want of cleanliness ...	10	10	1	1
Want of ventilation ...	—	—	—	—
Overcrowding ...	—	—	—	—
Want of drainage of floors ...	—	—	—	—
Other nuisances ...	—	—	—	—
Sanitary accommodation—				
Insufficient ...	2	2	—	—
Unsuitable or defective ...	7	7	—	—
Not separate for sexes ...	1	1	—	—
Offences under the Factory and Workshop Acts—				
Illegal occupation of underground bakehouse (s. 101) ...	1	1	—	—
Other offences ... (Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories & Workshops Transfer of Powers) Order, 1921)				
Abstracts not affixed ...				
Total ...	21	21	1	1

\* Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.



OUTWORK IN UNWHOLESOME PREMISES  
SECTION 108.

NATURE OF WORK	Instan- ces.	Notices served.	Prose- cutions.
(1)	(2)	(3)	(4)
Wearing Apparel—			
Making, &c. ...	...		
Cleaning and washing ...	...		
Household linen ...	...		
Lace, lace curtains and nets ...	...		
Curtains and furniture hangings ...	...		
Furniture and Upholstery ...	...		
Electro-plate ...	...		
File making ...	...		
Brass and brass articles ...	...		
Fur pulling ...	...		
Cables and chains ...	...		
Anchors and grapnels ...	...		
Cart gear ...	...		
Locks, latches and keys ...	...		
Umbrellas, &c. ...	...		
Artificial flowers ...	...		
Nets, other than wire nets ...	...		
Tents ...	...		
Sacks ...	...		
Racquet and tennis balls ...	...		
Paper, etc., boxes, paper bags ...	...		
Brush making ...	...		
Pea picking ...	...		
Feather sorting ...	...		
Carding, &c., of buttons, &c. ...	...		
Stuffed toys ...	...		
Basket making ...	...		
Chocolates and sweetmeats ...	...		
Cosaques, Christmas crackers, Christmas stockings, etc. ...	...		
Textile weaving ...	...		
Leather bag making ...	...		
Total ...	Nil	Nil	Nil

## HOUSING ACTS.

Houses inspected—(a) under Regulations	.....	98
(b) on Complaint	.....	113
Tenements cleansed, whitewashed, etc.	.....	54
Houses closed	.....	—
Houses voluntarily converted into Stores	.....	3
Floors relaid or repaired	.....	125
Walls, ceilings, etc., repaired	.....	593
Roofs repaired or reconstructed	.....	73
Stairs and doors repaired	.....	75
Windows provided to rooms	.....	30
Windows of rooms made to open	.....	12
Windows of rooms repaired, etc., and sash cords renewed	.....	106
Yards repaved or repaired	.....	48
Drains reconstructed	.....	81
Drains repaired	.....	14
Defective or insufficient eaves gutters or rainwater pipes	.....	75
Bell or D traps replaced with stoneware gullies	.....	23
Scullery troughs and baths provided	.....	31
Waste pipes trapped	.....	25
Water closets provided	.....	15
Water closets, repaired, etc.	.....	39
Water closets reconstructed	.....	9
Defective water closet pans replaced with pans of wash-down pattern and flush improved	.....	27
Flushing of water closets improved	.....	18
Water closets provided with a window	.....	5
Water closets limewashed	.....	17
Coppers, stoves and grates repaired	.....	91
Water taps provided on pipe direct from main	.....	7
Rooms closed for use as bedrooms	.....	—
W.C. soil and vent pipes reconstructed	.....	—
Smoke tests	.....	66
Water tests	.....	85
Food cupboards provided	.....	11
Dampness remedied	.....	1
Sculleries provided to old and congested houses	.....	2
Additional bedroom provided	.....	—
Lavatory basins provided	.....	—
Bathroom provided	.....	3

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SMOKE ABATEMENT.

Only one complaint of nuisance from smoke was received during the year, and when investigated it was found to be due to grit from a laundry chimney where a different class of coal had been taken into use.

Representations were made to the occupier, who discontinued the use of this coal, and reverted to the use of anthracite, since when the nuisance has stopped.

No complaints were made of smoke from the brickworks which have been mentioned in previous Reports, and from observations made it was evident that more care was being taken at the works.

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HOUSES LET IN LODGINGS.

These premises were regularly inspected, and informal action under the Byelaws resulted in the abatement of a few nuisances that were found to exist.

The general cleansing was regularly carried out.

As the work of slum clearance proceeds, these houses are becoming fewer.

Families with young children in these houses are brought to the notice of the Housing (Letting) Sub-Committee for consideration for re-housing, and much good work has been done in this connection, although, of course, not all have yet been dealt with.

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**OFFENSIVE TRADES.**

The number of Offensive Trades upon the register remains the same. They comprise:—

Tanner	.....	.....	.....	.....	1
Fat Boiler, Soap Maker, Cattle Feeding Stuffs, and Artificial Manure Works	.....			.....	1
Bone and Fat Boiler		.....	.....	.....	1
Gut Scraper	.....	.....	.....	.....	1
Fish Friers	.....	.....	.....	.....	29

One fish-frying premises was closed, and another registered, while there were several changes of occupiers.

Numerous complaints were received during the hot months from residents in the vicinity of the Artificial Manure Works, and everything possible was done by the Department and by the management at the Works to prevent a nuisance. Daily visits were made by the Inspectorate, and on one occasion a breakdown in the condensers was the cause of trouble; on another occasion some lime got into the fat boiling plant, and caused a severe overflow of fat into the condensers and thence to the river.

In an endeavour to avoid nuisance, all fish offal that used to be received from Brixham has now been diverted elsewhere, and the Butchers' Association has been asked to circularise all members of the meat trade to send their waste to these works while in a reasonably fresh condition, and not to wait for accumulations over considerable periods, for it is the badly decomposed material that is more difficult of treatment without nuisance than when the material is merely stale.

At the large works, all fumes from the digesters and boilers are, during cooking, conveyed to water condensers, and it is only when the digesters are emptied that the odour is acute, so the trapping of the vapours thus released has been suggested to the firm, and it is hoped that progress will be made in this experiment.

All of the offensive trades premises have been maintained in excellent condition.

## SCHOOLS.

The sanitary condition of the Council Schools has been well maintained. No complaints were received.

## HOUSING.

(a) *Statistics.*1. *Inspection of Dwellinghouses during the year:—*

- |   |     |
|---|-----|
| (1) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts) and the number of inspections made .....   | 782 |
| (2) Number of dwellinghouses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925, and the number of inspections made ..... | 211 |
| (3) Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .....   | 17  |
| (4) Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation .....                          | 765 |

2. *Remedy of Defects during the year without Service of Formal Notices:—*

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers .....	747
--	-----

3. *Action under Statutory Powers during the year:—*

A. Proceedings under sections 17, 18 and 23 of the Housing Act, 1930.

- |  |   |
|--|---|
| (1) Number of dwellinghouses in respect of which notices were served requiring repairs | 3 |
|--|---|

(2) Number of dwellinghouses which were rendered fit after service of formal notices:—	
(a) By Owners .....	4
(b) By Local Authority in default of Owners .....	1

#### B. Proceedings under Public Health Acts.

(1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied .....	15
(2) Number of dwellinghouses in which defects were remedied after service of formal notices:—	
(a) By Owners .....	15
(b) By Local Authority in default of Owners .....	4

#### C. Proceedings under Sections 19 and 21 of the Housing Act, 1930.

(1) Number of dwellinghouses in respect of which Demolition Orders were made .....	17
(2) Number of dwellinghouses demolished in pursuance of Demolition Orders .....	42

#### D. Proceedings under Section 20 of the Housing Act, 1930.

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made .....	5
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit .....	—

#### E. Proceedings under Section 3 of the Housing Act, 1925.

(1) Number of dwellinghouses in respect of which notices were served requiring repairs .....	—
--	---



- (2) Number of dwellinghouses which were rendered fit after service of formal notices:—
- |   |       |       |       |   |
|---|-------|-------|-------|---|
| (a) By Owners                               | ..... | ..... | ..... | — |
| (b) By Local Authority in default of Owners | ..... | ..... | ..... | — |
- (3) Number of dwellinghouses in respect of which Closing Orders became operative in pursuance of declarations by Owners of intention to close
- |       |       |       |   |
|-------|-------|-------|---|
| ..... | ..... | ..... | — |
|-------|-------|-------|---|

F. Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925.

- (1) Number of dwellinghouses in respect of which Closing Orders were made
- |       |   |
|-------|---|
| ..... | — |
|-------|---|
- (2) Number of dwellinghouses in respect of which Closing Orders were determined, the dwellinghouses having been rendered fit
- |       |   |
|-------|---|
| ..... | — |
|-------|---|
- (3) Number of dwellinghouses in respect of which Demolition Orders were made
- |       |   |
|-------|---|
| ..... | — |
|-------|---|
- (4) Number of dwellinghouses demolished in pursuance of Demolition Orders
- |       |   |
|-------|---|
| ..... | 1 |
|-------|---|

### SLUM CLEARANCE.

In the last Annual Report, reference was made to an Inquiry held by the Ministry of Health in 1932. The decision of the Ministry was that the Orders applied for be confirmed.

The Areas Represented were known as Sections D (1) to D (5), and were in No. 4 Area, and from them the number of tenants removed and re-housed was 97, the population being 454.

An owner appealed to the High Court in respect of No. 34, West Street (in D (3)), but the appeal was disallowed.

Demolitions of these houses were commenced shortly after the tenants were evacuated, and were nearing completion by the end of 1933.

Seven areas, two being in No. 4 Area and the other five in its immediate vicinity—were Represented for clearance, and an Inquiry was held thereon by the Ministry of Health in October. At the end of the year the decision of the Ministry was still awaited.

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## INSPECTION AND SUPERVISION OF FOOD.

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### MILK SUPPLY.

The percentage of adulterated samples—4.8%, is lower than that of the previous year, when it was 12.1%.

Particulars of same are to be seen in the table “Food Adulteration Act.”

At the end of 1933 there were on the Register:—

Cowkeepers	.....	.....	.....	24
Wholesale Purveyors		.....	.....	179
Retail Purveyors		.....	.....	173

The cowkeepers' premises within the City were visited quarterly by the Veterinary Inspector, and at irregular times by the Sanitary Inspectors, and, generally, the premises were found to be kept in a reasonable state of cleanliness.

Such contraventions of the Milk and Dairies Order as were discovered were promptly dealt with by Informal Notices, which were immediately complied with.

Under the Tuberculosis (Cattle) Order, 1925, 7 cases showing clinical signs of Tuberculosis were dealt with, and all of them, upon post mortem examination, were found to be affected with advanced Tuberculosis.

The number of milk samples sent to the Clinical Research Association for examination for the presence of tubercle was 20, and all were reported upon as free from infection. The examinations were conducted by animal experiment.

## THE MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

The number of samples of Certified Milk obtained under the above Order was 36, particulars of which are here set out:—

<i>Date.</i>	<i>Count in 1 c.c.</i>	<i>Presence of B. Coli.</i>
22-3-33	360	Not found.
"	990	"
"	430	"
25-4-33	330	"
"	240	"
"	2,870	"
25-5-33	184	"
"	380	"
"	100	"
23-6-33	3,140	"
"	170	"
"	560	"
12-7-33	1,040	"
"	2,370	"
"	470	"
27-7-33	13,600	"
"	67,000	"
"	16,700	"
16-8-33	110	"
"	4,600	"
"	1,280	"
25-8-33	63	"
"	1,680	"
"	410	"
15-9-33	790	"
"	4,000	"
"	310	"
28-9-33	2,430	"
"	2,760	"
"	1,140	"
20-10-33	5,400	"
"	1,350	"
"	970	"
16-11-33	670	"
"	520	"
"	920	"

As the maximum count for Certified Milk is 30,000 it will be seen from the above figures that the supply of Certified Milk has been maintained in a high state of purity.

*Grade "A" (Tuberculin Tested) Milk.*

No samples were examined, none being on sale in the City during the year.



## Of Grade "A" Milk—

<i>Date.</i>	<i>Total colonies per c.c.</i>	<i>B. Coli.</i>
12-7-33	Under 200	Not found
15-9-33	3,500	Present 1 c.c. Absent 0.1 c.c.
20-10-33	Under 1000	Present 1 c.c. Absent 1/10 c.c.
16-11-33	"	"

The maximum count for Grade "A" Milk is total colonies per c.c. 200,000, and B. Coli absent in 1/100th.

All the foregoing samples were very satisfactory, and the producers are to be congratulated upon such excellent results.

## Of Pasteurized Milk—

<i>Date.</i>	<i>Total colonies per c.c.</i>	<i>B. Coli.</i>
25-4-33	Under 100	Not found
29-6-33	230,000 410,000	Present in 1 c.c.
12-7-33	Under 200	Not found
27-7-33	1,125 1,640	"
15-9-33	350	"
28-9-33	Under 100	"
20-10-33	4360	"
16-11-33	Under 1000	Present in 1/10th c.c. Absent in 1/100th c.c.

All of the above samples complied with the requirements, although B. Coli was found in two of them. The two largest dealers and retailers of milk in the City now pasteurise all of their milk before sale.

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**ICE CREAM.**

At the end of 1933, the number of persons on the Register who dealt in Ice Cream was 141, as against 118 for 1932.

This increase was due to the long, warm summer, when the demand for Ice Cream became much greater than ever known before.

In no case was registration accepted until the premises had been inspected and approved.

At one factory where Ice Cream is made on a large scale, insanitary conditions were reported by the Chief Inspector, and the case was referred to H.M. Inspector of Factories, who, upon instructions of the Home Office, instituted proceedings and the occupier was fined £10-0-0 and costs.

No standard as to the constitution of Ice Cream has yet been made, and in view of the enormous amount of this article of food that is consumed during the hot months, the making of such a standard would be of great assistance to Health Authorities in the control of this trade from the health standpoint.

#### PUBLIC ABATTOIR AND MEAT INSPECTION.

The number of animals slaughtered at the Public Abattoir during the year was 26,909, as against 33,719 the previous year, the total amount of fees being earned as tolls being £1,197-14-3. There was, however, the usual congestion during the busy hours of slaughtering, especially in the pig-killing department.

Much time was given by the Public Health Committee and the Market and General Purposes Committee to consideration of the question of the provision of a new Public Abattoir and the removal of the Cattle Market.

The Committees could not reach a conjoint decision, so the provision of a new Abattoir is now being put forward to the City Council by the Public Health Committee.

Previous Reports have explained the unsuitability and worn-out condition of the existing premises, and nothing short of entirely new premises will meet the position.

Eleven private slaughterhouses in the City (8 registered and 3 licensed) were regularly visited on killing days. These premises are very well conducted, and in no case was it necessary to make seizures, all unsound or unsatisfactory conditions being immediately reported by the occupiers.

The surrenders of diseased meat were:—

At the Abattoirs	.....	.....	1,418
Private Slaughterhouses, Shops, etc.			233
Magisterial Orders obtained	.....		2

and the following tables show the number of animals dealt with, and gives particulars of the diseased conditions found:—

ANIMALS SLAUGHTERED AT THE PUBLIC ABATTOIR AND THE FEES EARNED DURING  
THE FINANCIAL YEAR, 1-4-33 to 31-3-34.

ANIMALS.	Number slaughtered.	Fees earned for slaughter.	Lairage No. of days.	Fees earned for lairage.	Storage. No. of days.	Fees earned for storage.	Total fees earned.
Cattle	4178	£ 417 16 0	3591	£ 59 17 0	257	£ 3 4 3	£ 480 17 3
Calves	2452	81 14 8	25	4 2	111	18 6	82 17 4
Sheep	11554	192 11 4	469	1 19 1	1	1	194 10 6
Pigs @ 1/-	8693	434 13 0	93	15 6	4	8	435 9 2
" @ 2/6	32	4 0 0	—	—	—	—	4 0 0
Total	26,909	£1,130 15 0	4,778	£62 15 9	373	£4 3 6	£1,197 14 3

Amount received from the sale of Cartridges, £34 11s. 7d.



TABLE OF CHARGES.

Slaughtering tolls, including lairage for two days.	Lairage tolls per day, after expiration of second day.	Storage tolls per day, after expiration of second day.
For every Bull, Bullock, Cow or Heifer ...	4d.	3d.
For every Calf ...	2d.	2d.
For every Pig ...	2d.	2d.
For every Sow or Boar over 14 score ...	2d.	2d.
For every Sheep or Lamb ...	1d.	1d.

## CLASSIFICATION OF DISEASES.

1933.

WHOLE CARCASSES SEIZED OR SURRENDERED ON  
ACCOUNT OF GENERALIZED TUBERCULOSIS.

Description.	Number of Animals.	WEIGHTS.											
		CARCASSES.				ORGANS & OFFAL.				TOTALS.			
		T	C	Q	Lbs.	T	C	Q	Lbs.	T	C	Q	Lbs
Cows	27	6	5	—	10	2	—	2	4	8	5	2	14
Heifers	16	3	2	3	8	1	—	—	16	4	2	3	24
Steers	2		8	3	—		3	—	6		11	3	6
Calves	3		1	2	4			2	11		2	0	15
Pigs	27	1	4	3	2		3	—	24	1	7	3	26
Totals	75	11	2	3	24	3	7	2	5	14	10	2	1

## PARTS OF CARCASSES, OFFAL, ETC., SEIZED OR SURRENDERED ON ACCOUNT OF LOCALIZED TUBERCULOSIS

Description.	Number of Animals.	WEIGHTS.											
		MEAT.				ORGANS & OFFAL.				TOTALS.			
		T	C	Q	Lbs.	T	C	Q	Lbs.	T	C	Q	Lbs.
*Bovines	113		9	2	12	1	18	0	13	2	7	2	25
†Calves	3							2	0			2	0
Pigs	355		13	0	16	2	1	0	21	2	14	1	9
Totals	471	1	2	3	0	3	19	3	6	5	2	2	6

\*Includes 37 bullocks' heads.

†Includes 1 calf's head.





WEIGHT OF MEAT AND OTHER FOODS SEIZED OR SURRENDERED.

	Tons.	Cwts.	Qrs.	Lbs.
Whole carcasses including offals on account of Generalised Tuberculosis	14	10	2	1
Parts of carcasses and offals, etc., on account of Localised Tuberculosis ...	5	2	2	6
Whole carcasses including offals on account of diseases or conditions other than Tuberculosis ...	7	13	3	17
Parts of carcasses and offals, etc., on account of Local affections ...	7	6	0	8
Imported Meat ...		7	0	25
Other Foods ...	8	5	2	3
Total weight of Meat and other Foods seized or surrendered ...	43	5	3	4

PARTS OF CARCASSES, OFFAL, ETC., SEIZED OR SURRENDERED ON ACCOUNT OF MINOR DISEASES AND CONDITIONS (OTHER THAN TUBERCULOSIS), SUCH AS RHEUMATISM, DAMAGED, PLEURISY, PARASITES, ETC.

	Weight.											
	Meat.				Offal and Organs.				Total.			
	T.	C.	Q.	L.	T.	C.	Q.	L.	T.	C.	Q.	L.
Beef ...		4	1	27	4	5	0	7	4	9	2	6
Mutton and Lamb		4	1	5	0	16	2	6	1	0	3	11
Pork ...			3	14	1	13	0	24	1	14	0	10
Veal ...			1	13		1	0	24		1	2	9
Total ...		10	0	3	6	16	0	5	7	6	0	8

PARTICULARS OF IMPORTED MEAT SEIZED OR  
SURRENDERED, INCLUDING ORGANS, OFFAL, ETC.

Description.				Weight.			
				Tons.	Cwts.	Qrs.	Lbs.
Beef	...	...	...		4	0	23
Mutton	...	...	...		2	2	21
Veal	...	...	...			1	9
Total					7	0	25

PARTICULARS OF OTHER FOODS SEIZED OR  
SURRENDERED.

Particulars.				Weight.			
				Tons.	Cwts.	Qrs.	Lbs.
Tinned Meats	...	...	...		3	3	12
Ducks	...	...	...			2	7
Fowls	...	...	...				9
Fish	...	...	...	7	8	1	10
Pheasants	...	...	...		1	1	21
Rabbits	...	...	...		4	3	2
Turkeys	...	...	...			1	2
Bacon	...	...	...				27
Cream	...	...	...				4
Crabs	...	...	...		3	1	18
Eggs	...	...	...			2	0
Milk	...	...	...		1	0	13
Prawns	...	...	...			3	18
Totals	...	...	...	8	5	1	3

MEAT AND OTHER FOOD SEIZED OR  
SURRENDERED, SHOWING WEIGHT MONTHLY.

Month.				Weight.			
				Tons.	Cwts.	Qrs.	Lbs.
January	...	...	...	3	19	0	9
February	...	...	...	2	15	3	11
March	...	...	...	3	19	2	12
April ...	...	...	...	3	2	1	0
May ...	...	...	...	6	2	1	15
June ...	...	...	...	2	15	2	12
July ...	...	...	...	4	12	1	23
August	...	...	...	3	11	3	13
September	...	...	...	3	6	0	5
October	...	..	...	2	9	0	22
November	...	...	...	3	9	2	10
December	...	...	...	3	1	3	12
Total ...				43	5	3	14



## LEGAL PROCEEDINGS.

## PUBLIC HEALTH ACTS.

The Trustees of one of the Churches in the City were prosecuted for failing to repair the surface of a private road in order to procure the abatement of nuisance arising therefrom.

The application was strongly resisted, but the Bench upheld the Council's contention that the bad surface of the road, in which foul water accumulated and from which pedestrians were splashed by vehicles passing over the road, did constitute a nuisance, and made the Order applied for.

Two persons, members of a self-styled "Meat Company," were prosecuted for exposing for sale two carcasses of pork which were unwholesome, and were each fined £3-0-0 or one month's imprisonment.

After the hearing it transpired that these pigs were slaughtered outside the City, and their carcasses were brought into the vendors' premises, and after remaining there some hours were scalded in the fixed bath, a most unusual procedure.

## FOOD ADULTERATION ACT, 1928.

A vendor was prosecuted for selling milk which was 24% deficient in fat, and was fined £2-0-0 and costs.

A defendant was prosecuted for selling milk containing 15% of added water, and for using a churn in which skimmed milk was offered for sale without same being properly labelled.

The adulteration case was dismissed, but he was fined £1-1-0 for not properly labelling the skimmed milk.

Another defendant was prosecuted for selling new milk which contained 9% of added water, and this case, in common with the foregoing, was dismissed, the High Court case of *Hunt v. Richardson* being cited as defence,

MERCHANDISE MARKS ACT, 1926, AND ORDERS  
MADE THEREUNDER.

For exposing tomatoes for sale, the same not being properly labelled, a firm was fined £1-0-0 and costs, and for two small offences a hawker was fined—in the first case 10/- and costs, and in the subsequent case 15/- and costs.

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BAKEHOUSES.

These premises were regularly inspected and were found generally in a satisfactory condition, and it was not found necessary to service Notices.

One bakehouse in a slum area was closed and demolished, while one new one was opened.

It was discovered that an underground kitchen in the centre of the City had been taken into use by a restaurant keeper as a bakehouse, and the matter was reported, when the premises were discontinued as such.

## FOOD ADULTERATION ACT, 1928.

Article.			Examined.		Adulterated.	
			Formal.	Informal	Formal.	Informa
New Milk	...	...	82	...	4	...
Scald Milk	...	...	1	...	...	...
Butter	...	...	...	47	...	1
Cream	...	...	6	1	...	...
Jam	...	...	...	10	...	...
Baking Powder	...	...	...	6	...	...
Camphorated Oil	...	...	...	11	...	...
Ice Cream	...	...	...	20	...	...
Seidlitz Powder	...	...	...	6	...	4
Baking Powder	...	...	...	...	...	...
Lemon Cheese	...	...	...	9	...	...
Lemon Curd	...	...	...	8	...	...
Lemon Cream	...	...	...	1	...	...
Granulated Sugar	...	...	...	1	...	...
Sausages	...	...	...	15	...	...
Total	...	...	89	135	4	5



THE PUBLIC HEALTH (PRESERVATIVES, ETC., IN  
FOOD) REGULATIONS, 1925.

All of the articles in the foregoing list were examined for preservatives and in no case was any found.

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PREVALENCE OF, AND CONTROL OVER,  
INFECTIOUS DISEASE.

The figures for Scarlet Fever and Diphtheria closely resemble those of the previous year which was a year of low incidence. Scarlet Fever has been epidemic in other parts of the country but the anticipated rise in notifications did not materialise in Exeter. When the usual seasonal increase began in the Autumn, a very close watch was kept on the schools affected.

During January and February there was a moderate epidemic of influenza, 19 deaths being registered as due to influenza and 32 as due to pneumonia (all forms). Since the disease is not notifiable and affects all ages, it is difficult to ascertain the extent of an outbreak. The public has still to learn that even a mild attack of influenza is liable to be followed by complications, and that persons attacked should go to bed and stay there until better. To attempt to carry on while suffering from influenza is to incur grave risk and to endanger others. During the outbreak posters giving useful information were issued by the Public Health Department.

In the first week of November a group of measles cases was reported from St. Thomas Infants' School, whence the disease spread rapidly in that district and ultimately to the whole City. By the end of the year 249 cases were known to the School Medical Department (which does not include cases outside school age), and the epidemic had not reached its zenith. Up to that date two deaths from measles-pneumonia were reported. In the individual measles may be prevented or postponed by the injection of convalescent serum or even normal adult serum, but this is not practic-

able as a public preventive measure at present and measles remains uncontrollable in an urban community. Complicated cases are admitted to the Isolation Hospital when desirable and nursing services are supplied on application to the Medical Officer of Health.

Cases of Chicken Pox have been notified throughout the year, the total being half that of 1932.

The arrangements for isolation and disinfection are the same as in former years and have proved adequate.

#### SMALLPOX.

No cases occurred in the City.

Two notifications of ship contacts were received from ports. These were duly visited and kept under observation for the necessary period.

No primary vaccinations were performed by the Medical Officer of Health under the Smallpox Regulations, 1917, all cases being referred to the Public Vaccinator.

(For Smallpox Hospital accommodation see page 84).

#### VACCINATION.

This work was taken over by the Public Health Department on 1.4.30 and Mr. E. S. Howells appointed Vaccination Officer for the whole City.

The latest statistics are for the year 1932 and are as follows:—

Births registered	.....	.....	1091
Vaccinated	.....	.....	488
Insusceptible	.....	.....	5
Statutory Declarations received	.....	.....	526
Died unvaccinated	.....	.....	39
Postponed	.....	.....	2
Removed to other districts	.....	.....	16
Removed to places unknown	.....	.....	8
Unaccounted for	.....	.....	7

It will be noted that 44.7% of the Infants were vaccinated, which is 1.9% below that of the previous year.

The partially protected condition of the population cannot be considered as satisfactory.



One case of post-vaccinal encephalitis occurred and was treated in the Royal Devon and Exeter Hospital with convalescent serum with satisfactory results.

#### **SCARLET FEVER.**

52 cases were notified against 51 in 1932, 49 being removed to Hospital. The type remains mild and there were no deaths.

#### **DIPHTHERIA.**

21 cases were notified against 28 in 1932, 11 being removed to Hospital. There were no deaths. The importance of giving a sufficient dose of antitoxin at once in clinical diphtheria without waiting for a laboratory report is emphasised.

#### **ENTERIC FEVER.**

7 cases were notified against 3 in 1932. Of these four were due to bacillus typhosis and 3 to bacillus para-typhosis B. There were no deaths. Three cases of typhoid and one of para-typhoid were treated at the Isolation Hospital, one case of typhoid and one of para-typhoid was treated at the Royal Devon and Exeter Hospital, and one case of para-typhoid was nursed at home.

One case of typhoid was contracted outside the City, and one case of para-typhoid appeared to be due to infected cockles, the remaining cases could not be traced with certainty.

#### **PUERPERAL FEVER.**

9 cases were notified and all treated at the Royal Devon and Exeter Hospital, 4 coming from the administrative County of Devon. There were two deaths (see Maternal Mortality, page 57).

#### **PUERPERAL PYREXIA.**

15 cases were notified, 11 being treated at the Royal Devon and Exeter Hospital, 5 being from the administrative County of Devon. The County cases were notified after admission to Hospital.



**PNEUMONIA.**

59 cases were notified against 61 in 1932, and there were 19 deaths against 12 in 1932. Of these cases 11 were treated at the Royal Devon and Exeter Hospital.

It is very doubtful if the notification of pneumonia is worth while. Medical Practitioners are aware that nursing assistance can be obtained in appropriate cases from the Public Health Department and the desirability of requisitioning this might well be left to their discretion without the formality of notification. Many enquiries are superfluous and many cases escape notification.

**ERYSIPELAS.**

9 cases were notified against 18 in 1932. 1 was removed to Hospital. There were no deaths.

**CEREBRO-SPINAL FEVER.**

3 cases were notified against 2 in 1932. All were treated at the Royal Devon and Exeter Hospital. Two were military cases, one of which ended fatally.

**DYSENTERY.**

No cases were notified.

**MALARIA.**

1 case (military) was notified, contracted abroad.

**ENCEPHALITIS LETHARGICA.**

1 case was notified which proved fatal.

**ACUTE POLIO-ENCEPHALITIS.**

No cases were notified.

**ACUTE POLIOMYELITIS.**

No cases were notified.

**CHICKEN POX.**

239 cases were notified against 498 in 1932.

**MEASLES.**

Is not notifiable in the City. During the year 258 cases were known through the School Medical Department, 249 of these being part of an epidemic which began in the first week of December and was increasing at the end of the year.

**DIARRHOEA.**

One death was certified as due to this cause. The public is warned by posters and announcements in "Better Health" of the necessity of keeping milk and other foods free from contamination by flies. In spite of a hot summer this disease was not prevalent, and none but trivial cases were observed at the Infant Welfare Centres.

**NON-NOTIFIABLE INFECTIOUS DISEASES.**

In the absence of notification, it is impossible to give even an approximate number of cases of these diseases, but it may be said that Mumps and Whooping Cough were below the average.

**CANCER.**

Table of deaths from Cancer for the past ten years.

Year.	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933
Deaths ...	91	99	96	85	84	110	82	96	116	108

NOTIFIABLE DISEASES DURING THE YEAR.

DISEASE	Cases Notified.													Cases ad- mitted to Hospital	Deaths.													
	Under 1	1	2	3	4	5	10	15	20	35	45	65	over		Total	Under 1	1	2	3	4	5	10	15	20	35	45	65	over
Diphtheria (including Membranous Croup)		1	1		2	6	2	2	7					21	11													
Scarlet Fever ...			1	1	7	30	11	1	1					52	49													
Enteric Fever (including Paratyphoid) ...						2			5					7	4													
†Puerperal Fever ...									8		1			9								2						
†Puerperal Pyrexia ...									3	1	1			15														
Pneumonia ...	2	3	1	2	1	10	4	4	7	2	10	13		59		1	1					1	4		4	8		19*
Erysipelas ...									1	2	4	2		9	1													
Encephalitis Lethargica ...	1													1		1												1
Chicken Pox ...	5	12	7	17	29	108	46	13		1	1			239														
Cerebro-spinal Fever ...								2		1				3									1					1
Malaria ...									1					1														

\* Deaths from cases notified and not total number of deaths.

† Some of these cases were admitted to the Local General Hospital from the County Area for diagnosis and notified by the Hospital authorities.



## TUBERCULOSIS.

During the past three years a determined effort has been made to improve and consolidate the arrangements in Exeter for the diagnosis and treatment of tuberculosis. Early in 1931 the Dispensary was moved from No. 4 to No. 1 Southernhay West to premises more compact and convenient. At the same time an agreement was made with the Devon County Council which provided adequate x-ray facilities and permitted the Clinical Tuberculosis Officer to carry out his own screening and examinations. The public should know that twenty years ago radiography of the chest was in its infancy; ten years ago it was so imperfect even in large centres that many physicians preferred to do without it; to-day it is essential in the diagnosis of the early case, it is frequently essential in helping to differentiate tuberculosis from other morbid conditions, and it is invaluable in aiding the physician to prescribe and control modern treatment. Good X-ray work in conjunction with intelligent physical examination often enables us to clinch the diagnosis or to rule out tuberculosis altogether, thus saving time and anxiety to the patient and the expense of observation beds. In my view the diagnosis of tuberculosis should always be on conservative lines, because it is well-known that in the past many persons have been harmed by the too-ready label of "T.B." when the symptoms have been due to other conditions. Good radiography is the greatest help the physician can receive: its value in surgical conditions is, of course, self-evident.

Our views on the treatment on pulmonary tuberculosis have recently undergone some modification, because there have been added to the fundamental principles of sanatorium treatment a number of valuable adjuncts in selected cases. The basis of treatment still remains rest, fresh air and good feeding, the most important of these being rest. Many of the public and not a few doctors still imagine that early cases are likely to require less treatment and therefore less rest than more advanced patients: hence the erection in the past of institutions inadequately staffed and meagrely

provided with facilities. Hence the often fatal prescription of a holiday or voyage, and hence some of our most depressing failures. The fact is that the young adult with early tuberculous infiltration of a lung should be at rest in bed, nursed by trained attendants and watched by a physician who is both able and ready to intervene with modern measures if required. This can rarely be carried out in the patient's own home; it is best accomplished in an open-air hospital or sanatorium so staffed that every patient who needs bed rest can have it. Such measures often cure. Far advanced cases may have to be admitted to public institutions because they cannot be properly isolated or tended at home; where home nursing is possible and unlikely to endanger children and young persons it should be permitted with thorough terminal disinfection. Between the extremes of early and far advanced the Tuberculosis Officer has to deal with an endless variety of cases not at all easy to classify. Among others, the acute and sub-acute progressive types need all the help the open-air hospital can give them; on the other hand what American doctors call "the good chronics" may work for years under Dispensary supervision with occasional admissions to hospital to combat incidents in the disease. Such re-admissions are commonly for short periods, for it is wrong policy to tie up hospital and sanatorium beds with this class of case. Among these cases the Dispensary does valuable work in supervision and the continuous teaching of personal hygiene which is the beginning of prevention.

The gospel of fresh air has probably been overdone in an effort to counteract the excessive seclusion of a century ago. By all means let people both sick and well have plenty of fresh pure air, but the consumptive must not be allowed to imagine that undue exercise and exposure are desirable means to this end. In cases complicated by bronchitis and in elderly consumptives a strict fresh air regime is definitely harmful besides being cruel. No climate of itself is curative. As with other chronic diseases, tuberculosis has been the happy playground of the diet faddists—diets with excessive meat, of raw meat and without meat, diets with added fat,



diets with diminished carbohydrate, diets without salt and diets with added mineral salts. Nor is there any scientific basis for attempting to flood the body with so-called vitamins. Experience shows that the best results are obtained by a generous diet modified as circumstances may direct in particular cases and usually with a slight excess of fats. It is true that tuberculosis is a disease of poverty, poverty of the body rather than poverty of the purse.

To this basic treatment of rest, fresh air and right feeding, modern progress has added certain methods which can be placed in two groups:—

- (1) Collapse therapy which aims in various ways at local rest for the diseased lung, just as we immobilise a damaged limb in a splint; and
- (2) Chemotherapy which aims at attacking and checking the disease by the injection of chemical substances known to have a specific action upon it.

Collapse therapy is best exemplified by the minor surgical procedure of artificial pneumothorax whereby a diseased lung may be put out of action and allowed to heal. Nature has been generous in the provision of lung tissue so that there is little or no disability. There are other methods whereby temporary or permanent rest can be secured for the damaged lung with obliteration of dangerous cavities and increased hope of arrest and cure in selected cases.

Chemotherapy has progressed chiefly along the line of injecting certain preparations of gold which appears to have a specific action on tuberculous tissues. In favourable cases tubercle bacilli disappear from the sputum, the sputum diminishes and disappears, and a healing fibrosis is initiated in the diseased areas leading to quiescence and arrest.

Although many cases coming under notice are unsuitable for special methods of treatment, these additional lines of attack have made the outlook in pulmonary tuberculosis far more favourable than it was with unaided sanatorium treatment.



Modern methods of diagnosis and treatment cannot be carried out conveniently and economically in small institutions, hence it was desirable that Pinhoe Sanatorium should be closed and effort concentrated on the tuberculosis wards at Whipton Isolation Hospital. Arrangements have been made to send additional patients to the Royal National Sanatorium at Bournemouth, an institution available to those likely to benefit by sanatorium regime rather than that of an open-air hospital. In actual practice many patients will have their initial treatment at Whipton and pass on to Bournemouth as they improve—in others a shorter period of treatment in one of these two institutions may suffice.

The construction of the wards at Whipton supplemented by shelters is such as to make considerable elasticity possible in the accommodation and classification of patients.

At Honeylands Sanatorium there are twenty beds for children of school age suffering from tuberculosis or suspected tuberculosis other than:—

- (1) Orthopaedic conditions, and
- (2) Phthisis of adult type which is infectious but very rare in childhood.

Turning to non-pulmonary tuberculosis the continued progress of the Devonian Association for Cripples' Aid has enabled us to place the majority of bone and joint cases under their care with very satisfactory results. During the year the Association opened much-needed adult beds at the Princess Elizabeth Hospital, Buckerell Bore, Exeter, and adult beds are also available at Mount Gold Hospital, Plymouth.

Other forms of non-pulmonary tuberculosis requiring institutional treatment are sent to the Royal Devon and Exeter Hospital under an agreement with the City Council.

The Tuberculosis Dispensary is the centre of the scheme—the place where all arrangements are initiated for prevention, diagnosis, advice and special treatment. Among methods of prevention the examination of contacts is important. Particular attention should be paid to the home contacts of sputum positive cases and to young adult

contacts in whom serious disease is liable to occur. While examination is offered to all contacts there is frequently a good deal of disinclination to attend, especially among young adults who are no longer under strict parental control. The examination of contacts offers one of the best means of discovering early and remedial cases.

There is complete co-operation between the Tuberculosis Department, the School Medical Department and the Maternity and Child Welfare Department.

The following figures show at a glance the main facts of the Tuberculosis statistics for the City during 1933.

Total cases on Register 1st January	.....	.....	518
Pulmonary	.....	.....	409
Non-Pulmonary	.....	.....	109
Total notifications received after deduction of 6 duplicates, but including 10 inward transfers			116
Pulmonary	.....	.....	94
Non-Pulmonary	.....	.....	22
Deaths during the year	.....	.....	55
Pulmonary	.....	.....	48
Non-Pulmonary	.....	.....	7
Outward Transfers	.....	.....	12
Pulmonary	.....	.....	11
Non-Pulmonary	.....	.....	1
Total cases on Register 31st December		.....	468
Pulmonary	.....	.....	379
Non-Pulmonary	.....	.....	89

Table 1 shows notifications and deaths during the year arranged according to ages.

Table I.

AGE-PERIODS.	NEW CASES.				DEATHS.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	1	—	—	—	2	—
1	—	—	3	1	—	—	1	—
5	3	3	1	2	—	—	—	2
10	2	—	1	—	—	1	—	1
15	3	4	2	1	—	5	—	—
20	10	4	3	1	4	4	1	—
25	17	11	1	1	4	4	—	—
35	6	8	—	2	6	1	—	—
45	5	2	—	—	9	4	—	—
55	3	3	—	—	4	—	—	—
65 and upwards	1	1	—	—	1	1	—	—
Totals ...	50	36	12	8	28	20	4	3
					55			

Included in the deaths are 6 of which no notification was received prior to the Death Certificate. One of these cases was a transferable death; in three cases the diagnosis was made very shortly before death; and two cases were “Inward Transfers.” There was also one posthumous notification.

The following is the classification of new cases seen at the Dispensary during the year.

Table II.

PULMONARY.					NON-PULMONARY.				
T.B.—	T.B.+1	T.B.+2	T.B.+3	Total	Bones & Joints	Abdominal	Other Organs	Glands	Total
26	Nil	11	39	76	8	2	2	7	19



The number of cases referred to the Tuberculosis Dispensary either before or at the time of notification was 105 being 85.4 per cent. of total notifications.

Table III.

gives an analysis of the principal statistics for the past 10 years.

		1924	1925	1926	1927	1928	1929	1930	1931	1932	1933
• Notifications	{ Pulmonary	117	101	104	109	99	85	74	87	90	86
	{ N-Pulmonary	16	23	24	18	35	16	22	28	24	20
Deaths	{ Pulmonary	59	58	55	53	39	45	48	48	43	48
	{ N-Pulmonary	14	14	10	12	11	12	9	10	10	7
Deaths per 1000 popul't'n	{ Pulmonary	·98	·96	·91	·87	·63	·73	·78	·74	·69	·71
	{ N-Pulmonary	·23	·23	·16	·19	·17	·19	·14	·15	·15	·10

Twenty years ago the death-rate for tuberculosis (all forms) was 1.32. To-day it is .81. It must be remembered, however, that the City has expanded during that time and there have been changes in the age and sex distribution of the population.

### INSTITUTIONAL TREATMENT.

As already stated Pinhoe Sanatorium was closed on 31st October and arrangements made for sending suitable cases to the Royal National Sanatorium, Bournemouth; also the accommodation at Whipton Hospital is being improved.

Modern treatment is available at Whipton Hospital including artificial pneumothorax, phrenic avulsion and sanocrysin. The Red Cross Pavilion was originally erected for ex-service men by the Ministry of Pensions and the Red Cross Society. It has become the property of the Council, but ex-service men will, as heretofore, receive preference of accommodation in it. The number of these patients is so small that a separate statistical table is no longer of interest, the number of ex-service men being shown in a footnote.

Table IV.  
*Tuberculosis Wards, Whipton Hospital.*

Remaining under treatment on 1st January, 1933.			Admitted during the year.			Discharged during the year.			Deaths during the Year.			Remaining under treatment 31st Dec. 1933.		
M	F	TOTAL	*M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL
11	9	20	37	22	59	23	21	44	12	3	15	13	7	20

\*Included in this figure are 3 ex-service men. 2 were discharged and 1 remaining at the end of the year.

Table V.  
*Honeylands Children's Sanatorium, Whipton.*

Remaining under treatment 1/1/33.			Admitted during the Year.			Discharged during the Year.							Remaining under treatment 31/12/33		
M	F	TOTAL	M	F	TOTAL	Males.			Females.				M	F	TOTAL
						Quiescent	Not Tuberculous	Transferred to R.D. & E. Hospital	Quiescent	Not Tuberculous	Benefitted	Total.			
9	9	18	8	6	14	4	3	1	4	1	1	14	9	9	18

Table VI. (a).  
*Tuberculosis Sanatorium, Pinhoe.*

Remaining under treatment 1/1/33.			Admitted during the Year.			Discharged during the Year.												Remaining under treatment 31/12/33			
M	F	TOTAL	M	F	TOTAL	Males.						Females.						M	F	TOTAL	
						Quiescent.	Much Improved.	Improved.	Own Request.	To Whipton.	To R.D. & E.	Quiescent.	Improved.	Own Request.	To Whipton.	To R.D. & E.	To Orth. Hosp.	Total.			
3	2	5	8	12	20	2	2	4	1	1	1	1	5	1	5	1	1	25			

Table VI. (b).  
*Royal National Sanatorium, Bournemouth.*

Admitted during the year			Discharged during the year			Remaining on 31-12-33		
M.	F.	Total	M.	F.	Total	M.	F.	Total
1	—	1				1		1

The total cost of the treatment of this patient was £27-6-5.

Table VII.  
*Other Institutions.*

Institution.	Condition for which treated.	Remaining under treatment on 1-1-33.			Admitted during Year.			Discharged during Year.			Remaining under treatment on 31-12-33.		
		M	F	Total	M	F	Total	M	F	Total	M	F	Total
Princess Elizabeth Orthopædic Hospital, Exeter ...	Spine ...	1		1	2		2	2		2	1		1
	Hip ...		1	1	1	1	2	1		1		2	2
	Ankle ...				1		1				1		1
	Multiple Bone ...					1	1					1	1
Mount Gold Orthopædic Hospital, Plymouth ...	Spine ...				2	1	3				2	1	3
Royal Devon and Exeter Hospital, Exeter ...	Phrenic Evulsion				2		2	2		2			
	Spine ..					1	1	*1		1			
	Abdominal		1	1	2		2	1	1	2	1		1
	Hip ...	1		1				1		1			
	Multiple Bone ..					1	1		1	1			
	Neck Glands				2	3	5	2	2	4		1	1
	Mastoid ...					1	1		1	1			
	Epididymitis ...				1		1	1		1			
Total ...		2	2	4	13	9	22	10	6	16	5	5	10

\*Died.

The total cost of the treatment of these patients was £995-15-6. Princess Elizabeth Orthopaedic Hospital, £484-2-4, Mount Gold Orthopaedic Hospital £229-5-5, Royal Devon and Exeter Hospital £282-7-9.



## TUBERCULOSIS DISPENSARY.

The following particulars are given of cases under supervision at the Dispensary by the Clinical Tuberculosis Officer, Dr. B. W. Anderson.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.			
	Adults.		Children.		Adults.		Children.		Adults.		Children.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—New Cases examined during the year (excluding contacts:)												
(a) Definitely Tuberculous	40	28	3	2	5	6	5	2	45	34	8	4
(b) Doubtfully Tuberculous	...	...	...	...	...	...	...	...	1	1	1	...
(c) Non-tuberculous	...	...	...	...	...	...	...	...	14	22	3	4
B.—Contacts examined during the year:												
(a) Definitely Tuberculous	...	1	1	1	1	...	...	...	1	1	1	1
(b) Doubtfully Tuberculous	...	...	...	...	...	...	...	...	3	...	1	4
(c) Non-tuberculous	...	...	...	...	...	...	...	...	11	21	42	30
C—Cases written off the Dispensary Register as:												
(a) Recovered ...	6	6	6	5	2	1	4	7	8	7	10	12
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as Tuberculous) ...	...	...	...	...	...	...	...	...	30	49	48	35
D.—Number of Persons on Dispensary Register on Dec. 31st:												
(a) Definitely Tuberculous	122	73	24	23	11	18	16	16	133	91	40	39
(b) Diagnosis not completed	...	...	...	...	...	...	...	...	5	1	9	6

## TUBERCULOSIS DISPENSARY (continued).

1. Number of persons on Dispensary Register on January 1st, 1933 ... ..	324	8. Number of visits by Tuberculosis Officers to Homes (including personal consultations) ... ..	251
		various Institutions ... ..	285
2. Number of cases transferred from other areas and cases returned after discharged under Head 3 in previous years ... ..	31	9. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes ... ..	392
3. Number of cases transferred to other areas, cases not desiring further assistance under the Scheme, and cases "lost sight of" ... ..	55	10. Number of (a) Specimens of sputum, &c., examined ... ..	181 (Total 512)
		(b) X-ray examinations made in connection with Dispensary work	182
4. Cases written off during the year as dead (all causes) ... ..	30	11. Number of "Recovered" cases restored to Dispensary Register and included in A (a) and A (b)	1
5. Number of attendances at the Dispensary (including Contacts) ... ..	1939	12. Number of T.B. plus cases on Dispensary Register on the 31st Dec. ... ..	101
6. Number of Insured Persons under Domiciliary Treatment on 31st. Dec. ... ..	11		
7. Number of consultations with Medical Practitioners (a) Personal ... ..	16		
(b) Other ... ..	95		

## X-RAY EXAMINATIONS.

Up to end of the year, 182 X-Ray examinations had been made (24 for screen only).

## EXTRA NOURISHMENT.

Extra nourishment has been granted to various patients and the total cost of same for the financial year 1933/34 was £58-12-9

### VENEREAL DISEASES.

Arrangements have been made with the Royal Devon and Exeter Hospital (with the approval of the Ministry of Health) jointly by the Devon County Council and the Council of the City of Exeter, for the treatment of these diseases at a special department of the Hospital.

The hours of attendance are as follows:—

Men ..... Mondays, 3 to 5 p.m., and Fridays, 6 to 8 p.m.

Women ..... Fridays, 3 to 5 p.m.

If in-patient treatment is necessary, special beds are available in the Hospital.

Unmarried female patients are admitted to St. Mary's Home, by arrangement with the authorities of the Home, for in-patient treatment by the Surgeon in charge of the Clinic.

The following figures relate to the City only. Number of cases dealt with during the year at, or in connection with, the out-patient clinic for the first time and found to be suffering from:—

(a) Syphilis	.....	.....	.....	16
(b) Soft Chancre	.....	.....	.....	—
(c) Gonorrhoea	.....	.....	.....	81
(d) Conditions other than Venereal	.....	.....	.....	17
				<hr/>
				114
				<hr/>

Total attendances of cases during the year at the out-patient clinic ..... 2462

Aggregate number of "in-patient days" of treatment during the year ..... 131

Examination of pathological material—

For detection of Spirochetes	.....	.....	12
For detection of Gonococci	.....	.....	143
For Wassermann Re-action	.....	.....	246
Other examinations	.....	.....	1

The City's share of the expenses for the year amounted to £748-9-4.



The following figures apply to the entire department and are not given separately for the City and County:---

Number of cases who ceased to attend the out-patient clinic—

Before completing a course of treatment	55
Number of cases transferred to other Treatment Centres after treatment or to care of private practitioners      ....      ....      ....      ....	49
Number of cases discharged from out-patient Clinic after completion of treatment and observation	81
Number of cases which ceased to attend after com- pletion of treatment but before final tests of cure	45
Number of cases who, on 31-12-33, were under treatment or observation ....      ....      ....	135
	<hr/> 365 <hr/>

The total number of cases under treatment at the end of the year showed an increase of 1.

Attendances are not limited to Clinic hours but patients attend on other days and hours for interim treatment.

Notices are exhibited in all the Public Conveniences, setting out the facilities available for the diagnosis and treatment of these diseases. Judging from the number of enquiries one has had originating from these notices, they are undoubtedly doing a good and valuable work.

On the commencement of work at the Clinic all the Medical Practitioners were informed of the arrangements for diagnosis, treatment and consultation by the Medical Officer of the Treatment Centre. Every new Medical Practitioner is also informed. Six Medical Practitioners in the City were supplied with free supplies of arsenobenzol compounds, and the number of doses of these compounds supplied to Medical Practitioners by the Council was 66.

The number of pathological specimens examined for Medical Practitioners is as follows:—

For detection of Spirochetes	.....	.....	—
For detection of Gonococci	.....	.....	27
For Wassermann Re-action	.....	.....	173
Other examinations	.....	.....	—

While it is regrettable that so many patients cease to attend before completing treatment or final tests for cure, the number who actually failed to complete treatment fell from 74 in 1932 to 55 in 1933.

### INFANT LIFE PROTECTION.

On the 31st December, 1933, there were 124 foster children in the City, and the number of foster mothers registered is 97. The Health Visitors paid 738 visits to these foster-mothers during the year. It was found in some cases that the home surroundings were unsuitable, and improved home conditions were obtained for these; in others the foster-mothers had too many children and this overcrowding has also been dealt with. In some cases the foster-mother was unsatisfactory and in these cases they were made to give up the children. In three cases legal proceedings had to be taken. In one case the child was removed out of the care of the foster-mother and in the other two cases the foster-mother was fined for not giving the required notice.

### MATERNITY AND CHILD WELFARE.

#### ANTE-NATAL SUPERVISION.

#### *Report on Ante-Natal and Post-Natal Clinic for the Year 1933.*

Report by Dr. J. SMITH, Medical Officer in Charge.

This is the report on the second full year's working of the Clinic, which was opened in June, 1931, and which has been held fortnightly at the Alice Vlieland Welfare Centre, the work being done by the Assistant Medical Officer of Health with the help of the Health Visitors, who take duty in rotation.



As the appended statistics show, the work has increased considerably during the last year, this being due to the increasing popularity of the City Maternity Home, which is a great boon to mothers who are unable to pay the full fees of a private maternity home and to those whose home conditions are unsuitable for a confinement. All cases awaiting admission to the City Maternity Home attend the Clinic as often as is required by the Medical Officer, since no Ante-Natal work is done at the Home.

All mothers attending the Clinic, after a careful history of social conditions and of previous health and pregnancies has been taken, are fully examined regarding their general health and pregnancy, are given detailed advice and, if anything abnormal is discovered, are referred for specialised treatment. In certain cases, treatment for minor disorders is ordered by the doctor at the Clinic. In this way much ill-health during pregnancy is prevented or remedied, and difficulties at confinement lessened.

Reports are sent by the Medical Officer to the Matron of the Maternity Home and to midwives and others referring cases to the Clinics and the Matron of the Maternity Home is now giving reports to the Medical Officer on the cases dealt with in the Home.

			1932	1933
No. of sessions held	.....	.....	22	22
No. of mothers on books at end of previous year	.....	.....	7	11
No. of new names added	.....	.....	69	96
Total No. of mothers attending		.....	76	107
Total attendances	.....	.....	139	226
Of new cases:—				
Ante-Natal	.....	.....		91
For diagnosis	.....	.....		4
Post Natal	.....	.....		1
Ante-Natal and Post-Natal		.....		3



## Referred by:—

Doctors at Welfare Centres	.....	22	20
Health Visitors	.....	27	16
Midwives	.....	7	6
Private Practitioners	.....	2	1
Miscellaneous (e.g., be office staff in cases already sanctioned by the Committee for the Maternity Home, by other mothers attending the Clinic)	11		53

## Referred for treatment:—

Dental Treatment	.....	40	35
R.D. & E. Hospital for advice	.....	2	2
Eye Infirmary	.....	3	0
V.D. Clinic	.....	2	1
Birth Control Clinic (post-natal cases)	1		2

## Applications for admission to Maternity

Home	.....	31	73
------	-------	----	----

The Ante-Natal Clinic, formerly carried on by the Exeter District Nursing Association, is still continued for the mothers whom they attend, and 325 mothers attended during the year.

## BIRTH CONTROL.

A Birth Control Clinic is carried on by the Exeter and District Women's Welfare Association. Cases suitable in the sense of the Ministry of Health's memorandum 153/MCW are referred by the Local Authority.

Since 1930 a total of 27 cases have been so referred; of these four failed to attend, 2 have left the City, 6 are known to have become pregnant and 15 have remained satisfactory. It should be remembered that the avoidance of pregnancy for a time rather than altogether may meet the medical requirements.

## BIRTHS.

1,062 notifications of live births were received during the year. 77.5 of the notifications were made by Midwives and 22.5 by Medical Practitioners or relatives.

In 250 instances the Midwives summoned medical help, which indicates the thorough manner in which the Midwives are doing their work, while 46 other notifications in connection with still-births, artificial feeding, etc., were received from Midwives.

The amount paid by the Local Authority to Doctors under the Midwives' Act was £282-8-6, of which £94-13-3 was received back in part payment.

The conditions for which the Midwives summoned medical aid were as follows:—

Ruptured Perineum	.....	.....	57
Prolonged Labour	.....	.....	37
Abnormal Presentation	.....	.....	31
Ante-Partum Haemorrhage	.....	.....	14
Post-Partum Haemorrhage	.....	.....	3
Premature Labour	.....	.....	2
Adherent Placenta	.....	.....	4
Stillbirth	.....	.....	2
Albuminuria	.....	.....	6
Miscarriage	.....	.....	9
Rise of Temperature	.....	.....	18
Unsatisfactory condition of mother	.....	.....	47
Unsatisfactory condition of baby	.....	.....	20

## STILL-BIRTHS.

The number of stillbirths registered during the year was 51, 15 of which came from the County. Of the remaining 36 stillbirths, 24 were attended by doctors and 12 by midwives. Of the 36 stillbirths, 14 were macerated, i.e., had died at some period previous to birth. Of these 3 were due to bad general health of the mother, 2 were due to toxæmia of pregnancy (albuminuria), 2 were stated to be due to a fall sustained by the mother, 1 was considered to be due to fright, 1 was associated with twin pregnancy

and 1 was attributed to the mother lifting weights. There were 4 cases in which no cause could be assigned.

22 were non-macerated, i.e., died at or during birth. Of these 5 were due to difficulty at confinement, 4 were due to abnormal presentation, 2 were due to bad general health of mother, 2 were due to prolonged labour, 2 were due to shock to mother, 1 was due to malformation of infant, and 1 was due to a fall sustained by mother. There were 5 cases in which no cause could be assigned.

#### HOME VISITS UNDER THE NOTIFICATION OF BIRTHS ACTS.

During the year the Health Visitors paid 871 first visits and 3,400 subsequent visits to children under the age of 12 months, and 3,194 visits to children between the ages of 12 months and five years.

#### INFANT WELFARE CENTRES.

During the year the average number on books and the average number of attendances at the Centres were as follows:—

Centre.	Average No. of Infants on Books.	Average No. of Attendances of Children.	Average No. of Attendances of Expectant Mothers.
Central District ...	217	97	6
Western District ...	203	73	3
Northern District ...	172	86	2
Eastern District ...	152	56	2

Expectant Mothers are now referred, so far as possible, to the Ante-Natal Clinic.

#### PROVISION OF MILK AND FOODSTUFFS.

Fresh and dried milks are supplied by the Council in those cases where the condition of the infants show that extra nourishment is required and the parents are unable to provide it. It is supplied either at half-price or free,



according to circumstances. During the financial year 1933-34 the cost of milk supplied was £887-10-9. In respect of this sum, £93-18-5 was received from the mothers in part payment. Net cost £793-12-4 being a decrease of £79-13-2 over the previous year.

The scale approved by the City Council for the issue of milk is as follows:—

No. in Family.	Free of cost.	At half-cost price.
	Income not exceeding per head, less rent.	Income not exceeding per head, less rent.
1 or 2	8/-	9/-
3	7/-	8/-
4	6/-	7/-
5 or more.	5/-	6/-

#### MATERNITY HOME.

The arrangements made with the Public Assistance Committee for the use of the maternity accommodation at the City Hospital as a Municipal Maternity Home has worked satisfactorily throughout the year. The number of cases admitted has been 73 which is an increase of 34 over the previous year. I have had many expressions of appreciation on the part of the mothers who have been patients in the Municipal Maternity Home and the number of applications for admission is increasing.

There is evidence that something larger in the way of a Maternity Hospital with beds for ailing infants and nutrition cases will soon be required. It has become necessary to take stock of the position in the City and to explore ways and means.

## NURSING HOMES REGISTRATION ACT, 1927.

During the year 2 Homes have been voluntarily closed. 11 Homes are now registered under the Act and two Institutions.

*Nursing and Maternity Homes.*

St. Olave's Home. (17 beds).  
 St. Mary's Home. (6 beds).  
 Southcroft, Heavitree Road. (4 beds).  
 Stokeleigh, Old Tiverton Road. (5 beds).  
 Belmont, Southernhay West. (12 beds).  
 1, Baring Crescent. (8 beds).  
 Mowbray, Fore Street, Heavitree. (12 beds).  
 St. David's, 31, St. David's Hill. (11 beds).  
 Ernsborough House, Colleton Crescent. (24 beds  
 for incurable invalids).  
 Storks Nest, Topsham Road. (3 beds).  
 Franklyn Rise, Parkway, St. Thomas. (2 beds).

*Exempted.*

Royal Devon & Exeter Hospital.  
 Eye Infirmary.

## DENTAL TREATMENT.

Arrangements have been made, with the approval of the Ministry and with the consent of the Education Committee, for dental treatment and supply of dentures for expectant and nursing mothers by the School Dentist.

The provision of a continuous gas-oxygen apparatus is proving valuable and enables the dental surgeon to carry out multiple extractions more satisfactorily.

*Summary of work done during the year 1933.*

No. of patients seen	.....	.....	69
No. of visits paid by patients	.....	.....	280
No. of administrations of gas	.....	.....	65
No. of teeth extracted under gas	.....	.....	340
No. of teeth extracted otherwise	.....	.....	10
No. of dentures fitted	.....	.....	53
No. of teeth replaced	.....	.....	459
Other operations	.....	.....	20

Total cost of dental treatment for 1933-34 was £125 13-0, of which £3-4-0 was received back from patients.

## OPHTHALMIA NEONATORUM.

Year	Cases.			Vision Unim- paired	Vision Im- paired	Total Blind- ness	Re- moved from dis- trict	Dths.	Total
	Notified	Treated.							
		At Home	In Hospital						
1924	15	2	13	13	1	...	1	...	15
1925	17	...	17	17	...	...	...	...	17
1926	12	...	12	12	..	...	...	...	12
1927	6	2	4	6	...	...	...	...	6
1928	13	5	8	13	...	...	...	..	13
1929	8	4	4	7	...	...	1	...	8
1930	4	1	3	4	...	...	...	...	4
1931	6	2	4	6	...	...	...	...	6
1932	11	8	3	11	...	...	..	...	11
1933	7	5	2	7	...	...	—	...	7

Under the Midwives' Rules a Midwife has to notify any discharge from the eye however slight. 14 notifications of discharge from the eye were received, 7 of which were subsequently notified by Medical Practitioners as cases of Ophthalmia Neonatorum. In the course of time the attention now being directed to this disease and its treatment should lead to a considerable reduction in the number of blind persons in the future.

*Orthopaedic Treatment.*

During the year 29 children from the Infant Welfare Centres received treatment for the following conditions:—

Congenital deformities	.....	.....	8
Injuries at birth	.....	.....	3
Rickets and sequelae	.....	.....	15
Poliomyelitis	.....	.....	1
Miscellaneous	.....	.....	2

and dealt with as follows:—

11 recommended for in-patient treatment (9 have been admitted and 2 are waiting admission) and 18 received out-patient treatment at the Clinic.



---

The case waiting admission at the end of 1932 has been admitted, and has been discharged and recommended to attend at the Clinic for observation. Of the 9 cases admitted during 1933 four are still in Hospital, one died and the other 4 have been discharged and recommended to attend at the Clinic for observation.

Of the 18 cases treated at the Clinic, together with the 22 cases on the books at the Clinic at the end of 1932 and 4 four cases re-admitted to the Clinic, 6 were discharged as cured, 1 was discharged much improved, and 6 were transferred to the School Medical Department on reaching the age of five, leaving 31 cases on the register at the end of 1933.

Cost of in-patient treatment, £496-15-4, and of this sum £26-11-5 was received back in part payment by patients.

Cost of out-patient treatment, £62-14-3, of which £8-5-0 was contributed by patients.

## EXETER ISOLATION HOSPITAL.

The accommodation consists of 88 adult beds, arranged in blocks as follows:—

One block of 24 beds for Scarlet Fever.

One block of 14 beds for Diphtheria.

One block of 20 beds, interchangeable as required.

One block of 8 beds for observation cases.

One block of 14 beds for Pulmonary Tuberculosis; originally designed to accommodate 10 Enteric Fever cases and convertible should necessity arise.

One block of 12 beds for Pulmonary Tuberculosis provided by the Ministry of Pensions and Red Cross Society for ex-servicemen and now the property of the City Council.

In addition five single bed shelters are provided, the total accommodation for tuberculosis cases 31 beds.

The Hospital has a good administrative block, and it is recognised that in case of necessity the number of patient beds can be increased, without detriment to the efficient working of the wards and the well-being of the patients.

At present contracts for the admission of patients exist with the following Local Authorities and other Public Bodies:—

*Borough Council.*

Okehampton.

*Urban District Councils.*

Holsworthy.

Ottery St. Mary.

Budleigh Salterton.

Dawlish.

Seaton.

Exmouth.

Crediton.

Axminster.

Sidmouth.

Teignmouth.

*Rural District Councils.*

Newton Abbot.

Honiton.

Axminster.

CREDITON.

St. Thomas.

Okehampton.

South Molton.

Holsworthy.

Barnstaple.

*Town Councils.*

Honiton.

South Molton.

Exeter Port Sanitary Authority.

Kelly College, Tavistock.

Secretary of State for War.

Prison Authorities, Princetown.

Excluding tuberculosis cases which are dealt with under a separate heading, at the beginning of the year 18 cases remained under treatment, 13 of whom were from the County. 146 cases were admitted during the year, 60 of these coming from the County and 86 from the City; and at the end of the year 1933, 20 cases were under treatment, of whom 5 were from the County and 15 from the City.

The following table shows the number of cases treated at the Exeter Isolation Hospital during the past ten years :—

<i>Year</i>		<i>County</i>	<i>City</i>	<i>Total</i>
1924	Treated at Isolation Hospital	108	99	207
1925	„ „	112	95	207
1926	„ „	89	231	320
1927	„ „	82	186	268
1928	„ „	97	125	222
1929	„ „	167	151	318
1930	„ „	279	361	640
1931	„ „	108	161	269
1932	„ „	84	107	191
1933	„ „	60	86	146
Average number of cases admitted for the ten years .....		118	160	278



The number of cases admitted is considerably below the average for the last ten years.

The following was the mortality amongst the 146 cases:—

<i>County.</i>	<i>City.</i>
3	1

This gives a death percentage of 2.7.

The average duration of each patient's stay in the Isolation Hospital was 36 days.

				Days.
Against in 1924	.....	.....		42
„ 1925	.....	.....		43
„ 1926	.....	.....		45
„ 1927	.....	.....		38
„ 1928	.....	.....		38
„ 1929	.....	.....		40
„ 1930	.....	.....		52
„ 1931	.....	.....		31
„ 1932	.....	.....		35
„ 1933	.....	.....		36
Average stay for the 10 years ....				40

The average number of fever patients per day was 14.4.

DISEASE.	Cases remaining under treatment from previous year.	Cases admitted during the year.	Cases discharged during the year.	Deaths.	Cases remaining under treatment at the end of the year.	Remarks.
Diphtheria ...	5	44	42	3	4	The three deaths from Diphtheria were severe cases from the County area: the death from pneumonia was a case of measles complicated by pneumonia.
Scarlet Fever ...	11	79	78	...	12	
Measles ...	...	4	2	...	2	
German Measles	...	...	...	...	...	
Encephalitis Lethargica ...	...	...	...	...	...	
Mumps ...	...	3	3	...	...	
Empyema ...	...	...	...	...	...	
Enteric Fever ...	2	6	7	...	1	
Erysipelas ...	...	8	8	...	...	
Measles and Pneumonia ...	...	2	...	1	1	
Whooping Cough	...	...	...	...	...	
Acute Poliomyelitis ...	...	...	...	...	...	
Chicken Pox ..	...	...	...	...	...	

During the financial year 1933-34, a total of £1,001-5-6 was received for the treatment of infectious disease, being £732-15-2 from outside authorities and £268-10-4 from City patients.

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### SMALL POX HOSPITAL.

By agreement with the County Council it has been arranged that any Smallpox cases arising shall be treated at the County Council's Smallpox Hospital at Upton Pyne.

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### MENTAL DEFECTIVES.

The educable mentally defective children under the age of 16 are under the supervision of the Education Committee; the other mental defectives are supervised by a Statutory Committee appointed by the City Council, composed partly of members of the Council and partly of co-opted Members. The number placed on the Register since the passing of the Mental Deficiency Act, 1913, is 258. Of these, 42 have died, 35 left the City, 13 have been transferred to the Mental Hospital, and 1 certified under the Lunacy Acts, leaving 167 at present on the Register. These are placed as follows:—

In Certified Institutions	.....	.....	74
In Non-Certified Institutions	.....	.....	5

Five are under Statutory Guardianship and the remaining 83 are well cared for in their own homes and visited from time to time by my staff in order to ascertain if these satisfactory conditions are maintained.

The total expenditure for the financial year 1933-34 was £4,697 7s. 2d., the bulk of which is for maintenance of patients in institutions, the amount being £3,563 9s. 7d.



There is, at present, an insuperable difficulty in obtaining suitable accommodation for multiple defectives and certain other classes of defectives. Negotiations are proceeding between the County Council, Local Authorities and the Starcross Institution with a view to obtaining additional accommodation for all classes of mental defectives.

An increasing amount of correspondence, visits and examinations occupies the time of the Medical Officer of Health and his staff, and it is doubtful if the time thus diverted from other duties has an equivalent value to the community in general. There are too many bodies interested in and partly responsible for the control and welfare of defectives. The result is overlapping. Future legislation should aim at simplification of procedure and the provision of institutional accommodation upon a much more generous scale.

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#### SUPERANNUATION.

During the year 109 persons were medically examined under the Superannuation Scheme, 61 as to fitness for inclusion in the Scheme, and 48 as to fitness for returning to work after sickness or injury. In some cases several examinations of an individual were necessary before an opinion could be given.







